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(Re	equestor's Name)		
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(Ci	ty/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name)		
(Do	ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
•	Office Use Only		
	Office Ose Offig		



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AND FILED



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: NARMIA CLEANING AND HOME IMPROVEMENT, INC. (Name of Corporation)
DOCUMENT NUMBER: P 04 0000 49 0 36
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARJA O. OLIVEIRA (Name of Person)
NARMIA CLEANING AND HOME IMPROVEMENT, INC. (Name of Firm/Company)
3680 13th Ave SW (Address)
NAPLES FL 34117 (City/State and Zip Code)
For further information concerning this matter, please call:
MIRIAM NASCIMENTO at (239) 248-5349 (Name of Person) (Area Code & Daytime Telephone Number)

TO:

Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARCIA	O. OLIKETIE	A, hereby resign as	SEC. (Title)
of NARMIA	CLEANING (Name of Corpo	AND HOME	IMPROVE ME NT, INC
Po4000 49 (Document Number	, 4 00	rporation organized unde	er the laws of the State of
FLORIDA	<u> </u>		
	•		
	Noncia	Olivera e of resigning officer/director	}

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

14 OCT 27 PM 7: 32
SECRETARY OF STATE

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