P04000049911

| (Re | equestor's Name) | |
|---|--------------------|------------------------|
| (Address) | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | е) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status <u>- · ·</u> |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| | TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|--|
| | SUBJECT: DEXTERS CUSTOM SEAMS CANVAS, INC. | | | |
| | (Name of Corporation) POCLIMENT NUMBER. P04000049911 | | | |
| | DOCUMENT NUMBER: P04000049911 | | | |
| | The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| CHRISTOPHER POINDEXTER | | | | |
| | (Name of Person) | | | |
| D | EXTERS CUSTOM SEAMS CANVAS, INC. (Name of Firm/Company) | | | |
| 16340 SAN CARLOS BLVD, SUITE 2 (Address) FORT MYERS, FLORIDA 33908 | | | | |
| | | | | (City/State and Zip Code) |
| | | | | For further information concerning this matter, please call: |
| | CHRIS POINDEXTER at (239) 849-0728 | | | |
| | CHRIS POINDEXTER at (239) 849-0728 (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| | Enclosed is a check for \$35.00 made payable to the Florida Department of State. | | | |
| | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 | | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 2009 NOV 30 A 8: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| I, YVONNE M. PETERS | , hereby resign as DIRECTOR | |
|-----------------------------|--|--|
| | (Title) | |
| of DEXTERS CUSTOM SEAM | S CANVAS, INC. | |
| | ne of Corporation) | |
| P04000049911 | , a corporation organized under the laws of the State of | |
| (Document Number, if known) | | |
| FLORIDA | | |
| | | |
| | | |

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