1904000054319

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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01/18/05--01034--008 **35.00

05 JAN 18 PM 3: 47

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TRANSMITTAL LETTER

SUBJECT: ACCENT PAINTING OF SOUTH FLA- INC (Name of Corporation)
DOCUMENT NUMBER: <u>PO 40000 54319</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RILIDO ALVES (Name of Person)
ACCENT FAINTING OF SOUTH FLORIDA (Name of Firm/Company)
6/46 SHERWOOD GLEN WAY #6 (Address)
GREENACRES FLORIDA 33415-6980 (City/State and Zip Code)
For further information concerning this matter, please call:
PILDO ALVES at (561) 434-4093 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	JOSEPI	H BRITO	, hereby resi	gn as <i>Vice</i>	PRESIDENT (Title)
of	ACCENT,	PAINTING (Name of Cor	of Socr	H PLORIDA	TNC.
J.	0 460 60 5 4 (Document Number,	¹ 319, a c if known)	orporation organiz	zed under the laws	of the State of
		-			DS JAN 18
		(Signani	re of resigning office	r/director)	JAN 18 PH 3: 47 LAHASSEE, FLORIDA
			0 0	ŕ	P

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