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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HISTORIC RESTORATIONS LIKE (Name of Corporation)
DOCUMENT NUMBER: P Ø 4 Ø Ø Ø Ø 78338
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LAWRENCE D. LUSTIG
HISTORIC RESTORATIONS (Name of Firm/Company)
10832 BAL HARBOR DR
SOCA RATON, FL 33498
(City/State and Zip Code)
For further information concerning this matter, please call:
LAWRENCE LUSTIG at (561) 488-2776 (Name of Person) (Area Code & Daytime Telephone Number)
(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

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

TO:

OFFICER / DIRECTOR RESIGNATION 2005 FEB -7 PM 2: 13

ı, <u>T</u>	Llomas	L. PRATER	, hereby resign a	s SECRETARY /	1 TREASURE
of	HISTOR	PIC RESTORA	1775015 , J	Torc	,
PD		78338 .a com		under the laws of the State	e of
	-LORIOA	·			

(Signature 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