## 04080086915

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL.
(Ви	usiness Entity Nam	e)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u></u>
	Office Use Only	,



200062377032

38/87/15--01037--005 \*\*35.00

C. Coulliste JAN 0 5 2006

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: THE LAMINATE Floor Defot CONP.  (Name of Corporation)  DOCUMENT NUMBER: PO 40000 8691
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  (Name of Person)
(Name of Firm/Company)  8003 Nw 29 Strain (Address)
DORAL, FL 33/27 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) S94 6652 (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

I, LOSE QUIZEND hereby resign as VICE PRESIDENT
of THE LAMING TE Floor Depot conf. (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
Florida
(Signature of resigning officer/director)
FILING FEE IS \$35.00
E PL
Make checks payable to Florida Department of State and mail to:

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