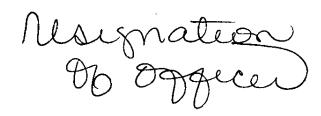
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations	

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DOCUMENT NUMBER: 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 Firm/Company) (City/State and Zip Code)

For further information concerning this matter, please call:

The Control of the Module (b)

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

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FILED 2012 HAR 16 AM 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORID:

I, DANA WICKLINE, hereby resign as PRESIDENT ACCOUNTING.

of ALL NEW RESURFACING THE

(Name of Corporation)

PO400092594, a corporation organized under the laws of the State of

(Document Number, if known)

TORINA

Dava Muluc (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