## P04000105773

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



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SECRETARY. OF SAME ON ALLEYS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Florida Signature Air Conditioning, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P04000105773
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Benjamin D. Voit
(Name of Person)
Florida Signature Air Conditioning
(Name of Firm/Company)
1006 Palmetto Avenue
(Address)
Lehigh Acres, FL 33972
(City/State and Zip Code)
For further information concerning this matter, please call:
Angela J. Voit  at ( 239 ) 229-6124  (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.
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

(Title)
,
d under the laws of the State of

(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