## 04000119065

(Re	equestor's Name)					
(Ac	Idress)					
(						
(Address)						
(Ci	ty/State/Zip/Phone	<del>//</del> /#)				
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PICK-UP	☐ WAIT	MAIL				
	<b>—</b> *******					
(Bu	isiness Entity Name	e)				
•						
(Document Number)						
Certified Copies Certificates of Status						
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Specia: Instructions to	Filing Officer:					
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Office Use Only .



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## Childs & MisiASZEK Appraisas, Inc.

TO: Amendment Section Division of Corporations
SUBJECT: Childs & MISIASZEK APPRAISALS, INC. (Name of Corporation)
DOCUMENT NUMBER: P04000119065
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Misjaszek (Name of Person)
(Name of Firm/Company)
8012 Breton Circle (Address)
Ft. Myers, FL., 33912 (City/Slate and Zip Code)
For further information concerning this matter, please call:
Robert Misiaszek at (239) 823-5197 (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

I, Robert r	MISI ASZEK, here	eby resign as	Title" D"	<del></del>
of Childs &	(Name of Corporation)	Apprais	als, Ix.	
Po4000119065 (Document Number, if known		organized under t	he laws of the State	of 0.9 FEB.
				5 9,00
	(Signature of resigni	ng officer/director)		PHIS: 55
	(Algippare of resigning	ng omcenimector)		

**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

AGNES C. BOLLER

MY COMMISSION # DD 638248

EXPIRES: February 10, 2011

Bonded Thru Budget Notary Services

2/2