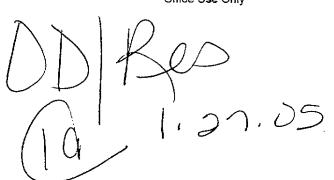
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(Reque	stor's Name)
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(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:







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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Shutterman of Central Florida, Inc. (Name of Corporation) DOCUMENT NUMBER: P04000128839
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Glew Schwam (Name of Person) 3 (Name of Person)
(Name of Firm/Company)
13643 Waterhouse Way (Address)
Orlando, FL. 32828 (City/State and Zip Code)
For further information concerning this matter, please call:
Glev Schwayn at (40), 739-2827 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Glen Schwam	, hereby resign as	Vice t	President (Title)	
of Shutterman of Co	entral Florida,	Inc.	<u> </u>	
Oal 20010 0000	a corporation organized und	der the laws o	f the State of	
Florida			·	2 -
			OS JA	=
Han John	Om nature of resigning officer/direct	orl	ATT SEE	FILED
עוני)	matare of resigning officer/direct	<i>,</i>	FLORE	F. 55

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