## P04000129231

(Re	questor's Name)	
(Ad	dress) .	<u>.</u>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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resignation

10/31/12--01005---005 \*\*35.00

IN OCT 31 PH 12: 55

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## **COVER LETTER**

Division of Corporations
SUBJECT: All star Roofing + Repair INC (Name of Corporation)  DOCUMENT NUMBER: P04000129231
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia Levy (Name of Person)  All Star Roofing (Name of Firm/Company)  12533 River Birch Dr  (Address)  River Birch Dr
RIVERVIEW FL 33569
(City/State and Zip Code)
For further information concerning this matter, please call:
CYNTHIA Levy at (813) 672-4743  (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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2012 OCT 31 PM 12: 55

SELME WARY OF STATE TALLAHASSEE, FLORIDA

1, Ciro D	jegante,	hereby resign as	T R (Title)
of Allstar f	Name of Corporation	n)	
P04000129		ntion organized under	the laws of the State of
Florida	·•		

(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