P04000129349

,	
(Requestor's	Name)
(Address)	
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	titu Nama)
(Dusiness Er	idiy Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Officer:	
ļ	•
}	
)	
}	•
i	j
<u> </u>	

Office Use Only



200060055482

10/11/05--01010--008 **35.00



OID Res



Amendment Section Division of Corporations

A Plus Roofing of SW Florida At this time I would like to present this letter of resignation from the corporation along with the fee required.

Please return all correspondence concerning this matter to the following:

Susan Dailey 2726 NW 42 Pl Cape Coral Fl 33993 239-282-0144

I, Susan Dailey as the Vice President of A Plus Roofing of SW Florida resign my passion, a corporation organized under the laws of the State of Florida.

Susan Dailey

From:

grndmamo@earthlink.net

To:

Dailey Susan & Rick

Subject:

resignfrom a corporation

Date:

Oct 4, 2005 2:54 PM

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT:

(Name of Corporation)

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 Person) Susan Dailey (Name of Firm/Company) A Plus Poofing of Sw Florida Inc.

2137 nw 21st Ave

(City/State and Zip Code) Cape Cora (Pl 33993

For further information concerning this matter, please call:

at() 239-282-0144

(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: Mailing Address:

Amendment Section Amendment Section

Division of Corporations Division of Corporations

Clifton Building Post Office Box 6327

2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

05 OCT 10 PM 4: 21.
TALLAHASSEE, FLORION

of, A Plus Roofing of Sw Manda Inc

(Name of Corporation)

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

(Document Number, if known)

(Signature of resigning officer/director)

P04000129349

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

anclosed

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314