Po4000/3/033

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

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Division of Corporations
SUBJECT: Weatherguard Roofing + Restoration Contractor
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:
Albert Kareyva (Name of Porson)
Karey Va Residence
1505 S.W. 25th Ave. (Address)
Fort Lauderdale, Florida 33312 (City/State and Zip Code)
For further information concerning this matter, please call:
Pl bert Kare Wa at (954) \$791-4478 (Name of Person) (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

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Albert Kareyva	, hereby resign as Vice President	dent
of Weatherquard	Roofing + Restoration Contr	actors,
P04000/3/033 (Document Number, if known)	, a corporation organized under the laws of the State	of
Florida		·
Alluta	1 V COAL WETAN	05 APR 21
_ carr	(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