## 100136584

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
		,
(Do	cument Number)	
Certified Copies	_ Certificates of	Staţuş
Special Instructions to	Filing Officer:	
	_	
,		

Office Use Only



300162063413

10/26/09--01021--015 \*\*35.00

off. Resign.

OCT 26 2009

## **COVER LETTER**

SUBJECT: <u>CCO-TILE INC</u> .  (Name of Corporation)
DOCUMENT NUMBER: 1- # P 04 00 0 13 6 5 8 4
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan R. Palmer (Name of Person)
(Name of Firm/Company)
17832 South Dixie Hwy (Address)
Miami Fl. 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
Suyapa Palmer at (305) 256 6651 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Jonathan R. P.	almer, hereby resign as President
	(Title)
of <u>CCO-Tile</u> In (Nar	C , ne of Corporation)
P 0 4 000 13 65 8 4 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida.	·

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314