P04000151006

(Re	equestor's Name)		
(Ac	ldress)		
	,		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone #)		
·			
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Name)		
(Dc	ocument Number)		
(50	editient (valtiber)		
Certified Copies Certificates of Status			
			
Special Instructions to	Filing Officer:		





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C.COULLIETTE

OCT 282008

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Storm Guard Shutters Inc. (Name of Corporation) DOCUMENT NUMBER: PO4000151006
DOCUMENT NUMBER: 10400015100 G
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Valero (Name of Person)
(Name of Firm/Company)
14483 SW 97 AVL (Address)
Miami, FL 33186 (City/State and Zip Code)
For further information concerning this matter, please call:
Jessica Valero at (239) 777 - 8667 (Name of Person) at (239) 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Jessica Valu	, hereby resign as_	Vice	President
	,		(Title)
of Storm Guard	Shutters, In me of Corporation)	۷,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P040015100 6 (Document Number, if known)	, a corporation organized und	der 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

