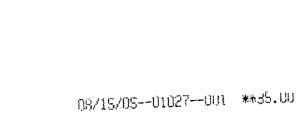
## P04000154041

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(R	equestor's Name)	
(A	ddress)	<u>,</u>
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAFT	MAIL
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(Document Number)		
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## TRANSMITTAL LETTER

APPLIANCE DOCTOR OF LEE COUNTY INC (Name of Corporation) P04000154041 **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: DONALD ROUGHEAD (Name of Person) APPLIANCE DOCTOR OF LEE COUNTY INC (Name of Firm/Company) P.O.BOX 100191 (Address) CAPE CORAL, FL 33910 (City/State and Zip Code) For further information concerning this matter, please call: DAVE GOLDBERG (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section
Division of Corporations
P.O. Box 6327 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314

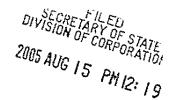
Tallahassee, FL 32399

Amendment Section

Division of Corporations

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



JANET VALENTINE	. hereby resign as	PRESIDENT & DIRECTOR
		(Title)
of APPLIANCE DOCTOR OF LEE COUN		,
(realite of Corporat	ion)	
P04000154041 , a corpo	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FL		
	$\sim$ $\sim$	

## 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