## Po4000161153

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



100213507631

resignation

10/27/11--01010--021 \*\*35.00



10/28/16

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	Window Solutions Tampa Bay, Inc.			
			of Corporation)	
DOCUMEN	T NUMBER:_	PO4000161153		_
The enclosed	l Officer/Directo	r Resignation for a C	orporation and fee ar	e submitted for filing.
Please return	all corresponde	nce concerning this r	natter to the following	3:
•••	Shelky	PAUL		
	(Naine	of Person)		
Winda	Name of F	irm/Company)	Bay, INC	·
		7+h Au		
Ft. 1	adada (City/State	and Zip Code)	33//_	
For further in	nformation conce	erning this matter, ple	ease call:	
Bria	Name of Jers	at (_	Area Code & Daytime	9/00 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

I. Paula Altare	, hereby resign as V.Pres/ Director		
,	(Title)		
of Window Solutions Tampa Bay,	Inc.		
	of Corporation)		
PO4000161153	, a corporation organized under the laws of the the of		
(Document Number, if known)	EG 8 1		
Florida	T 27		
	SSEED		
	FEST 3		
	The state of the s		
	La Maria		
	ignature 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