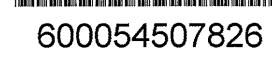
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(Requestor	r's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(Business I	Entity Name)					
(Document	t Number)					
Certified CopiesC	Certificates of Status					
Special Instructions to Filing O	Officer:					



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: CITRUS CARPETS CORPORATION (Name of Corporation)							
DOCUMENT NUMBER: PO500002415							
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
(Name of Person)							
(Name of Person)							
(Name of Firm/Company)							
4680 S. SEA RAY PT. (Address)							
LECANTO, FL. 34461 (City/State and Zip Code)							
For further information concerning this matter, please call:							
FRANK CAVALLARO at (727) 460-3043 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399							

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	FRANK	CAY	/ACLARO her	eby resign as	V P	Title)	
of	-	s c	LARPETS				
PC	(Document Number	•	lame of Corporation)	organized under	r the laws of th	ne State of	
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						ALL MIL	05 MAY
			(Signature of resign	ing officer/director		SALAN SA SALAN SA SALAN SA SALAN SA SALAN SA SALAN SA SALAN SA SA SALAN	FILED
			(<u>G</u>	.		F 92	*

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