

PD5000016305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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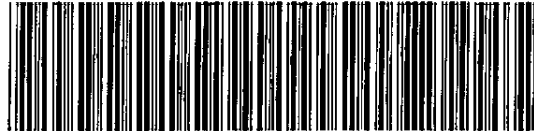
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Emerald Coast Storm Shutters, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000016305

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Brooks
(Name of Person)

Emerald Coast Storm Shutters, Inc.
(Name of Firm/Company)

2893 Woody Marion Drive
(Address)

Chipley, Florida 32428
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Brooks at (850) 866-4566
(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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

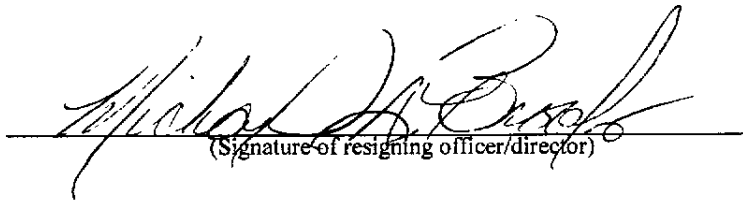
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Brooks, hereby resign as Vice President/Treasurer
(Title)

of Emerald Coast Storm Shutters, Inc.
(Name of Corporation)

P05000016305, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
05 OCT 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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