P05000019849

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000066951340

93**/0**3/06--01042--014 **35.00



COVER LETTER

Division of Corporations
SUBJECT: C. E.O. Painting (Name of Corporation)
DOCUMENT NUMBER: PO 50000 19849
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Catherine CSORID (Name of Person)
(Name of Firm/Company)
1679 TRIMIDAD AVE. (Address)
DETONA, FZ 32725 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (286) 532-6/0/ (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Vanessa	Kosendo	, hereby resign as	Vice Pres	ident	
of	CEO	Painting (Name of Cor			,	
<u>_</u> <u>P</u>	(Document Number,		orporation organized und	ler the laws of the	State of	
	Florida					
	<u></u>	Onesoa (Signatu	re of resigning officer/director	or)	OF MAR -3 MINO OU	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314