

POS000025446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

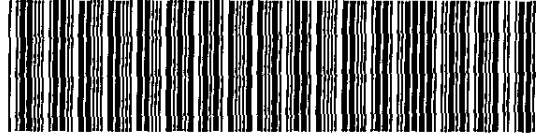
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700049561507

04/11/05--01017--015 **35.00

FILED
05 APR 11 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 18 2005

DO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIQUE TILE & PRECAST, INC
(Name of Corporation)

DOCUMENT NUMBER: PO5000025446

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

Please return all correspondence concerning this matter to the following:

MANUEL DELGADO
(Name of Person)

UNIQUE TILE & PRECAST, INC
(Name of Firm/Company)

232 S. LAKE DR
(Address)

LEHIGH ACRES, FL 33936
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL DELGADO at (239) 825-2024
(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

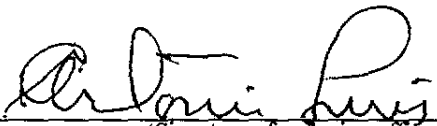
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANTONIO LUIS, hereby resign as VP
(Title)

of UNIQUE TILE & PRECAST, INC.
(Name of Corporation)

PO5000025446, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
05 APR 11 AM 11:49
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