POS00027771

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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OS MAY 23 AM II: 32

OLUKLIARY OF STATE

ALANASSEE, FLORINA

05/23/05--01056--016 **35.00

TRANSMITTAL LETTER

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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2.

I, hope Protecto, hereby resign as Post dec	rt	
of Git R Done Cleaning Service, Tax. (Name of Corporation) (Title)		_,
P05000 277 a corporation organized under the laws of the State (Document Number, if known)	e of	
Florida		
•		
(Signature of resigning officer/director)	05 MAY 23	-1-1
FILING FEE IS \$35.00 FILING FEE IS \$35.00	Y 23 AM II: 32	

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

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