P05000044348

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

Office Use Only

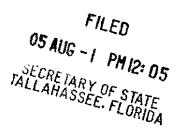
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TRANSMITTAL LETTER

SUBJECT: REFLECTIONS GLASS & MIRROR OF VOLUSIA COUNTY, INC. (Name of Corporation)
DOCUMENT NUMBER: P05000044348
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DAVID HOOSIER
(Name of Person)
REFLECTIONS GLASS & MIRROR OF VOLUSIA C
(Name of Firm/Company)
297 MICHAEL AVENUE
(Address)
HOLLY HILL, FL 32117
(City/State and Zip Code)
For further information concerning this matter, please call:
DAVID HOOSIER at (386) 341-7796 (Name of Person) (Area Code & Daytime Telephone Number)
(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

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



MICHAEL E. BEACH	, hereby resign as VICE PRESIDENT
*	(Title)
of REFLECTIONS GLASS & MIRROR OF (Name of Corporate	
P05000044348	oration organized under the laws of the State of
FLORIDA	
Mulne (Signature of	Acron resigning officer/director)

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