## P05000046041

·	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phore	e #)
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer	·
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: All Keys Shutters Inc
	- (Name of Corporation)
DOC	UMENT NUMBER: P0500046041
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Lloy	d Scott Case
	(Name of Person)
All H	Keys Shutters Inc.
	(Name of Firm/Company)
249	Veldo Ave. NE
	(Address)
Palr	n Bay, FI 32907
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Lloye	Scott Case at (321) 549-7653  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	t Address: Independent Section Identify of Corporations In Building Executive Center Circle In assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Laura Barberis	, hereby resign as Presidant		
		(Title)	
of All Keys Shutters Inc.			
	(Name of Corporation)		
P05000046041	, a corporation organized under the laws of the State of		
(Document Number, if known)	, a corporation organized under the	io iam of the state of	
Florida	,		

(Signature of 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 11 FEB | 4 AH 9: 43