## 105000046376

(Re	equestor's Name)	
(Ad	ldress)	
(Ar	ldress)	
(		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Rı	siness Entity Nan	ne)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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M/Ru leip

08 NOV -5 PM P: SS

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Remar Gaccinica, hereby resign as Owner/Press	dent
of <u>Elegant Touch Stonework</u> , Inc. (Name of Corporation)	<del></del>
. a corporation organized under the laws of the State of  (Document Number, if known)  FLOVIOC .	DIVISION OF CORPORT
(Signature of resigning officer/director)	2:55

## 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