

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600238766386

08/28/12--01011--002 **70.00

8/30/12 AW 0/D725

12 AUG 28 PM 4: 41

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: STORMWATER MAINTENANCE, INC. (Name of Corporation)
DOCUMENT NUMBER: P0500049918
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
STORMWATER MAINTENANCE INC (Name of Firm/Company)
1516-64 STREET COURT E (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Susaw M (Sories AC at (941) 8/3-5435 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DANICO RICCARBI , hereby resign as PRESIDENT / (Title)	TREASURER
of STORMWATER MAINTENANCE, INC. (Name of Corporation)	······································
PO5000 49918, a corporation organized under the laws of the State of (Document Number, if known)	of
FLORIDA.	iali Vali
A September 1	LLAHASSEE, FLO
(Signature of resigning officer/director)	RIDA

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