## P05000053592

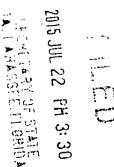
	(Requestor's Name)
	(Address)
· .	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	-
<u> </u>	

Office Use Only



600275039496

07/22/15--01008--009 \*\*35.00



JUL 22 2014 C. CARROTHERS

## TRANSMITTAL LETTER

SUBJECT: Rob Door (Name of Gorporation)

DOCUMENT NUMBER: P0500053592

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)

Robert Company From (Name of Firm/Company)

Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (Abdress)

(Area Code & Daytime Telephone Number)

**Mailing Address:** 

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

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

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Contance ARNH, hereby resign as Vice Presign as			
of Runs Door Company (Name of Corporation)		<b></b> '	
Po500053592 a corporation organized under the laws of the (Document Number, if known)	State of		
Florida		201	
$\alpha$ $\alpha$ $\alpha$	17, 9-72, 11, 10, 10, 10, 10, 10, 10, 10	2015 JUL 22	p sacra p sacra
(Signature of resigning officer/director)	OF STATE (E.FLORIE	PM 3: 3	

## **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