P0500058203

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300211090193

08/17/11--01010--016 **35.00

AUG 17 PH 12: 01

COVER LETTER

Resignation of Officer and Director of Marie H. Stubbs (Name of Corporation) P05000058203 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John A. Stubbs (Name of Person) U-Save Cabinets and Floors, Inc. (Name of Firm/Company) 1919 Glynn Ave. (Address) Brunswick, GA 31520 (City/State and Zip Code) For further information concerning this matter, please call: John A. Stubbs at (912) 230-5003 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section **Mailing Address:** Amendment Section Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

FOR A CORPORATION

| I, Marie H. Stubbs | , hereby resign as_ | | |
|---------------------------------------|--|--------------|--|
| of_ U-Save Cabinets and Floors | , Inc. ne of Corporation) | (Title) | ······································ |
| | ie of Corporation) | | |
| P05000058203 | , a corporation organized under the laws of the State of | | te of |
| (Document Number, if known) | | | |
| Florida | | mark and the | |
| · · · · · · · · · · · · · · · · · · · | • | | 1 1 1 1 1 1 1 1 1 1 |
| | | | AUG SIGHT |
| | | | 6- 9- |
| Mar | (Signature of resigning officer/direct | v (or) | 7 PH 12: 0 |
| | (Signature of resigning officer direct | wi j | 9 |

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