(Requestor's Name)
•
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilioso Ellaty Harris)
(Document Number)
`
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100107344491

08/16/07--01012--019 \*\*35.00

## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Combs Masor	ігу, іпс				
	(N	lame o	f Corpora	tion)	
DOCUMENT NUMBER:_	P0500006350	7			
The enclosed Officer/Directo	r Resignation for	a Cor	poration	and fee are su	ibmitted for filing
Please return all corresponde	nce concerning th	nis ma	tter to the	following:	
Robert G. Combs, Jr					
(Name	of Person)		<del></del>		
Combs Masonry, Inc					
(Name of F	'irm/Company)				
3041 Stratford Lane					
( <b>A</b> d	idress)	,			
Mount Dora, FLorida 327	'57				
(City/State	and Zip Code)				
For further information conce	rning this matter	, pleas	se call:		
Robert G Combs, Jr	£	at 4	352 <sub>)</sub>	636-2406	
(Name of Person		(A	rea Code	& Daytime Te	lephone 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

1. 10 1

I, Dawn M. Mansfield	, hereby resign as_	Vice President	2007 AUG	
		(Ti <b>S</b> AR	91	
of_ Combs Masonry, Inc		E, F.S	<u> </u>	_, C
(Name of C	OR OR	Ö		
P05000063507	a corporation organized un		29 eof	
(Document Number, if known)				
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