P0500094374

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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	<u></u>
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FI OBIG.



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cherokee Installation's Inc. (Name of Corporation)
DOCUMENT NUMBER: P0500094374
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tammy Henderson (Name of Person)
Cherokee Installation's Inc. (Name of Firm/Company)
822 Jonathan Road (Address)
Jackson ville, FL. 32234 (City/State and Zip Code)
For further information concerning this matter, please call:
Tammy Henderson at (904) 289-4705 (Area Code & Daytime Telephone Number)

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

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, David Goulet	, hereby resign as	Officer (Title)		
of Cherokee Insta	llation's Inc.		,	
Darosassas	_, a corporation organized und	er the laws of the Sta	ite of	
Florida	_•			
David (s	W Hould- ignature of resigning officer/directo	TALLAHASSEE FLORIDA	n On	= n
F	ILING FEE IS \$35.00	FLORIDA	PH 12: 52	j

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314