

P05000104623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

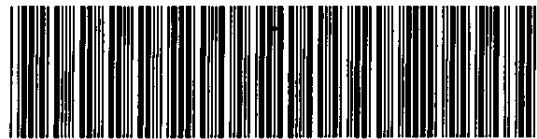
(Business Entity Name)

(Document Number)

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500075276615

*Resignation  
of  
officer*

05/26/06--01050--023 \*\*35.00

FILED  
06 MAY 26 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR  
6/6/06*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HURRICANE SHUTTERS ENTERPRISES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000104623

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NESTOR BONILLA

(Name of Person)

HURRICANE SHUTTERS ENTERPRISES, INC.

(Name of Firm/Company)

480 TALL PINES RD. SUITE F

(Address)

WEST PALM BEACH, FL. 33413

(City/State and Zip Code)

For further information concerning this matter, please call:

NESTOR BONILLA

(Name of Person)

at ( 561 ) 687-0130

(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**

FILED  
MAY 26 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, MARIBEL BONILLA, hereby resign as TREASURER  
(Title)

of HURRICANE SHUTTERS ENTERPRISES, INC.  
(Name of Corporation)

P05000104623, a corporation organized under the laws of the State of  
(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