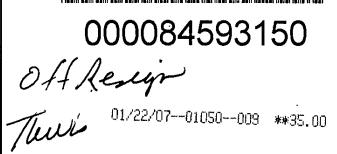
105000/11092

,		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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01/22/07--01050--009 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: QUALITY LATH & STUCCO, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000111092
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
LIZEIDA VICENTE
(Name of Person)
QUALITY LATH & STUCCO, INC.
(Name of Firm/Company)
4521 S LAKE ORLANDO PKWY
(Address)
ORLANDO, FL 32808
(City/State and Zip Code)
For further information concerning this matter, please call:
LIZEIDA VICENTE at (321) 229-0043 (Name of Person) (Area Code & Daytime Telephone Number
(Name of Person) (Area Code & Daytime Telephone Numbe
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

2007 JAN 22 AM 7:59

SECRETARY OF STATE TALLAHA'SSEE, FLORIDA

LIZEIDA VICENTE	, hereby resign as VICEPRESIDENT
.,	(Title)
of QUALITY LATH & STUCCO, INC.	
(Name of Co	orporation)
P05000111092, a, a	corporation organized under the laws of the State of
FLORIDA	
- Signa (Signa	ture 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