P05000113224

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| , | , | |
| (Cit | y/State/Zip/Phone | a #f) |
| (Oil | y/Otate/Zip/i none | e π) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| , | • | , |
| (Co | cument Number) | |
| (50 | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |

Office Use Only



900143452289

02/13/09--01009--028 **35.00

O9 FEB 13 AN 10: 00
SECRETARY OF STATE

Mon

COVER LETTER

| O: Amendment Section Division of Corporations |
|---|
| UBJECT: TRUE COLORS OF VOLUSIA, INC. |
| (Name of Corporation) |
| OOCUMENT NUMBER: P05000113224 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| lease return all correspondence concerning this matter to the following: |
| TONY WILLIAMSON |
| (Name of Person) |
| TRUE COLORS OF VOLUSIA, INC. |
| (Name of Firm/Company) |
| 1549 VALENCIA AVENUE |
| (Address) |
| HOLLY HILL, FL 32117 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| TONY WILLIAMSON at (386) 235-4401 (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. CARA MARKS | , hereby resign as PRESIDENT | |
|---|--|--|
| •, | (Title) | |
| of TRUE COLORS OF VOLUSIA, | INC. | |
| | Corporation) | |
| P05000113224 (Document Number, if known) | , a corporation organized under the laws of the State of | |
| FLORIDA | SECOND FE | |
| | HASS | |
| | PS S | |
| an | enature 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