POS000115391

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____ _Certificates of Status _____

┌─────────────────────────────────────┐
│ Special Instructions to Filing Officer: │
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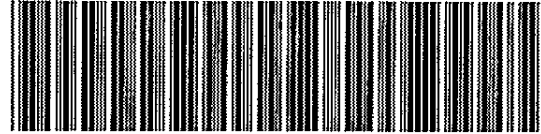
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROther d Sons Insulation Corp.
_____(Name of Corporation)_____

DOCUMENT NUMBER: P05000115391

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

Please return all correspondence concerning this matter to the following:

BIANCIA Alonso
_____(Name of Person)_____

_____(Name of Firm/Company)_____

6213 SW 147 PL Circle
_____(Address)_____

Miami, FL 33193
_____(City/State and Zip Code)_____

For further information concerning this matter, please call:

BIANCA Alonso at (786) 546 -5491
(Name of Person) _____ (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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _Blanca Acosta_ , hereby resign as _Director_
(Title)

of _Brother & Son Insulation Corp._ .
(Name of Corporation)

_P05000115391_ , 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