: PD5000122126

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	





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OD/RZS

COVER LETTER

Division of Corporations
SUBJECT: AONE DRYWALL INC (Name of Corporation) DOCUMENT NUMBER: PO 5000 122 126
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE L SARMIENTO (Name of Person)
PONE DYMWALL INC. (Name of Firm/Company)
6943 74h. St. CIRCE.
Dradenton, FL 34203 (City/State and Z/p Code)
For further information concerning this matter, please call:
(Name of Person) at (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Celeo A Mendoza, hereby resign as Exercising (Title)	
of PONE DRYWALL INC. (Name of Corporation)	
P0500122126, 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