## P05000131437

(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:		



09/18/06--01008--006 \*\*35.00

NE SEP 15 AH 9: 20

DD (Res 10, 90. Du

Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: S & S Windows Inc (Name of Corporation)		
DOCUMENT NUMBER: 70 500 6 1 31 7 3 7		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
Scott Bryan (Name of Person)		
S > S Windows Inc (Name of Firm/Company)		
6604 34th auc (Address)		
Bradenton 7 37209		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Scott Brya at (941) 256-5563 (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:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32301		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Julic Bryan, he	ereby resign as Scretu
of Sis Windows 7 (Name of Corporation)	, n(
Poside , a corporation (Document Number, if known)	on organized under the laws of the State of
(Signature of resig	ning officer/director)
	14 9. 2 1. 2

## 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

ाकित का दूर है। जिल्लाक के करने