## P05000132051

(Requestor's Name)				
(Ac	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		ł		
		[		

Office Use Only



400068976784

03/31/06--01015---DJI \*\*R5.00

FILED

06 MAR 31 PM 1: 05

THE LARY OF STATE

3/01/20

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TW Tile + Painting Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wanda I. Soto (Name of Person)
(Name of Person)  TW Tile + Painting, Inc. (Name of Firm/Company)
225 Washington Wood In
Orlando Fl 32824.
(City/State and Zip Code)
For further information concerning this matter, please call:
May (in Jover at 407) S64-2626.  (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

## OFFICER / DIRECTOR RESIGNATION . FOR A CORPORATION

, Wanda I	5040	, hereby resign as	esident
of JWT?	le +	Painting	(Title)  In ( . ,
	(Name of Corpor	ation)	,
(Document Number, if known	, a corp	oration organized under the	e laws of the State of
House Mander, it knows	······································		r*.
			F    06 MAR 3 111 AHASS
Z	landa	1. Sofo	Yof S E. Fig.
	(Signature o	of resigning officer/director)	ORID ORID

## 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