P05000144704

(Requestor's Name)					
(Ad	ldress)	•			
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

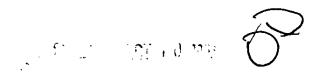
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SECRETARY OF STATE
TALLAHASSEE FI OBIO



COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Systropic Floor Covering Income (Name of Corporation) DOCUMENT NUMBER: POSO00 144704
DOCUMENT NUMBER: POSO00 144704
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas McMichael (Name of Person)
(Name of Person)
(Name of Firm/Company)
8529 GRAVE AVE
New Port Richer, Fl 38654 (City/State and Zip Code)
For further information concerning this matter, please call:
Thomas Mc Michael at (727) 457-0177 (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

I, Thomas Mc Micha	, herel	by resign as	PRES: Den T
•			(Title)
of Subtropic (Name	Floor	COVELING	INC.
Po5000144704	of Corporation)	0	
(Document Number, if known)	, a corporation o	organized under t	he laws of the State of
Flor: DA			
	 '		
7 (01.07)	<u> </u>		

(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