P05000/52225

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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OffResign News 9-11-09

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	JECT: ABSOLUTE PROTECTIV	E INC
		(Name of Corporation)
DOCL	UMENT NUMBER: P0500015	2225
The en	enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please	e return all correspondence concerni	ng this matter to the following:
WILL	LIS LOMAX	
	(Name of Person)	
ABS	SOLUTE PROTECTIVE INC	
	(Name of Firm/Company)
1295	5 W HWY 50 SUITE H	
	(Address)	····
CLEF	ERMONT FL 34711	
	(City/State and Zip Code	
For fur	urther information concerning this m	atter, please call:
WILL	LIS LOMAX	at (352) 348 1643 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	osed is a check for \$35.00 made paya	ble to the Florida Department of State.
Amend Division Clifton 2661 E	ndment Section American Original American of Corporations Division Building Post	ling Address: Endment Section sion of Corporations Office Box 6327 ahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, CAROLE S LOMAX	herehy resign as	VICE PRESIDENT	
**	, nereby resign us_	(Title)	
of_ABSOLUTE PROTECTIVE INC		,	
(Name of Corporation	on)		
P05000152225, a corpor (Document Number, if known)	ation organized un	der the laws of the State of	
FLORIDA			
Carole	S. Lone	ref)	
(Signature of r	esigning officer/direc	tg/r)	

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 WILLIS P LOMAX _County, in and for _ MY COMMISSION # DD785258 FLOCIA State of ____ **EXPIRES May 04, 2012** FloridaNotaryService.com (Signature) **NOTARY PUBLIC**