P05000/66563

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



08/31/09--01019--006 **35.00

of Dir Bys

O9 SEP 15 PM 3: U4
SECRETARY OF STATE
AHASSEE, FLORIDA

Thousand SEP 16/2001



September 2, 2009

LOUISA DUVALL 1975 WEST BAY DR #504 LARGO, FL 33770

SUBJECT: C & L TEXTURE SPRAY, INC

Ref. Number: P05000166563

We have received your document for C & L TEXTURE SPRAY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The resigning officer/director must sign below in the space provided on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 309A00029356

2009 SEP 16 AM 8: OU SECRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUB	JECT: C&L Texture Spray, Inc			
~~	(Name of Corporation)			
DOG	DOCUMENT NUMBER: 203989788 (FIN)			
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Pleas	se return all correspondence concerning this matter to the following:			
Lou	isa Duvall			
	(Name of Person)			
	(Name of Firm/Company)			
197	75 West Bay Dr #504			
	(Address)			
Lar	go, FL 33770			
-	(City/State and Zip Code)			
For f	further information concerning this matter, please call:			
Lou	isa Duvall at (727) 422-7050 (Name of Person) (Area Code & Daytime Telephone Number)			
	(Name of Person) (Area Code & Daytime Telephone Number)			
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.			
Ame Divis Clift 2661	mdment Section			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Louisa Duvall	, hereby resign as VP
	(Title)
of C&L Texture Spray, Inc	
(Name	e of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
FL	
	JALLAH
•	
- Chille	(Signature of resigning officer/director) (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