## P06000012697

/Po	questor's Name)	
(Re	questors maine)	
/A.J		
(Ad	dress)	
(Ad	dress)	
	_	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consist Instructions to	Filing Officer	
Special Instructions to	Filing Officer.	

Office Use Only



800256029498

Nesignation 06 ogveen

01/27/14--01018--026 \*\*35.00

PILED
2014 JAN 27 PM 2: 54
SECRETARY OF STATE
SECRETARY OF STATE
FALLAHASSEE. FLORID

13/14

## TRANSMITTAL LETTER

SUBJECT: Advanced Comfort Solutions, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P06000012697

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Linda D. O'Hara

(Name of Person)

Advanced Comfort Solutions, Inc.

(Name of Firm/Company)

8920 Maislin Drive

(Address)

Tampa, Florida 33637

(City/State and Zip Code)

For further information concerning this matter, please call:

Lloyd O'Hara

31,813

990-7157

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Name of Person)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2014 JAN 27 PM 2: 54

, Karen Mitchell	9EDALTARY OF STATE TALLAHASSEE, FLORIDA , hereby resign as
",	(Title)
of Advanced Comfort	Solutions, Inc.
(Nam	e of Corporation)
P06000012697 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	(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