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SECRETARY OF STATE
AHASSEE, FLORIDA

Sticed Resignation

Office Use Only

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COVER LETTER

TO:	Amendment Section Division of Corporations
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SUBJI	ECT: Visual Impact books: Windows, Inc (Name of Corporation)
DOCU	MENT NUMBER: <u>P0600012707</u>
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Kel	Name of Person)
Visi	nal Impact boors & Windows, Inc (Name of Firm/Company)
1018	(Address)
Boc	a Raton F1 33428 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Poc	(Name of Person) at (561) 718-3940 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Divisio Clifton 2661 E	Address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Kelly James , hereby resign as <u>Directo</u>	itle)
of Visual Impact Loors & Windows, I	Inc.
(Document Number, if known), a corporation organized under the laws of the	e State of
- Florida .	
(Signature of resigning officer/director)	TALLED TH 3: 31 TALLESSEE, FLORIT

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