

PD6000024788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

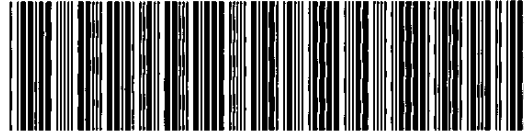
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300104348733

06/26/07--01020--017 \*\*70.00

FILED  
07 JUN 25 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OLD Res.

Sf

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TMR Tub Repair Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000024788

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Weaver  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

PO Box 801  
(Address)

Elfers FL 34680  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Weaver at ( 717 ) 409-1685  
(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, Todd Weaver, hereby resign as VD (Title)

of TMR Tub Repair Inc.  
(Name of Corporation)

PO600024788, a corporation organized under the laws of the State of  
(Document Number, if known)

  
(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

**FILED**  
**07 JUN 25 AM 9:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**