| (R | equestor's Name | |
|-------------------------|--------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| В | usiness Entity Na | me) |
| (D | ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: JAM'S PAVERS INC |
| (Name of Corporation) |
| DOCUMENT NUMBER: P06000027561 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| |
| (Name of Person) |
| JAM'S PAVERS INC |
| (Name of Firm/Company) |
| 1873 EMRICK ST |
| (Address) |
| NORTH PORT, FL 34291 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| EDUARDO SEDLAR at (941) 268 - 1531 (Name of Person) (Area Code & Daytime Telephone Number) |
| (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, _EDUARDO SEDLAR | , hereby resign as VICE PRESIDENT (Title) |
|--|---|
| of_JAM'S PAVERS INC | (Name of Corporation) |
| P06000027561 (Document Number, if known) | , a corporation organized under the laws of the State of |
| FLORIDA | • |
| | (Signature of resigning officer/director) ASS ASS ASS ASS ASS ASS ASS A |

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