## PD60000048190

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
<b>,</b>	,	
(Ci	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

<b>TO:</b>	Amendment Section Division of Corporations
SHE	BJECT: Punch List Pros, Inc.
501	(Name of Corporation)
DO	CUMENT NUMBER: P06000048190
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
Ste	even A. Day II
******	(Name of Person)
Pu	nch List Pros, Inc.
	(Name of Firm/Company)
14:	350 Hunters Trace Lane
	(Address)
Cle	ermont, FI 34715
	(City/State and Zip Code)
For	further information concerning this matter, please call:
Deb	Oorah M. Day at (407) 469-2990 (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 Divi Clift 2661	et Address: Indiment Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> Steven A. Day <b>∫</b> K	, hereby resign as Vice President		
*	(Title)	<del></del>	
of Punch List Pros, Inc.			
(Na	me of Corporation)	<del></del> ,	
P06000048190 (Document Number, if known)	, a corporation organized under the laws of the State	of	
Florida	·		
Ste	(Signature of resigning officer/director)	SECRETARY DIVISION OF CO	
	FILING FEE IS \$35.00	SECRETARY OF STATE VISION OF CORPORATIONS 08 APR -4 PH 2:59	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314