

P06000048483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

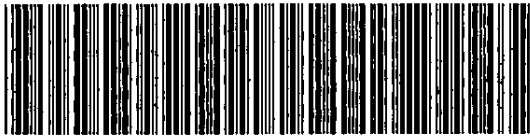
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

TB

MAY 21 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Apollo Hurricane Shutters, Inc.
Name of Corporation

DOCUMENT NUMBER: FO0000048443

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR CASARIEGO
Name of Contact Person

APOLLO HURRICANE SHUTTERS, INC.
Firm/Company

427 4 RD.
Address

KEY. LA90 FL 33037
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

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

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Oscar Casanego JR., hereby resign as Treasurer/secretary
(Title)

of Apollo Hurricane Shutters, Inc.
(Name of Corporation)

PO6000048483, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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