P06000062881

(Address) (Address) (City/State/Zip/Phone #) [PICK-UP	(Regu	uestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	, .	,	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addr	ess)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addr	ess)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/s	State/Zip/Phone	#)
(Document Number) Certified Copies Certificates of Status	PICK-UP	WAIT	MAIL
Certified Copies Certificates of Status	(Busir	ness Entity Nam	e)
	(Docu	ment Number)	
Special Instructions to Filing Officer:	Certified Copies	Certificates	of Status
	Special Instructions to Fil	ing Officer:	

Office Use Only

OD/KES-(10,2.14.07



700087457737

02/14/07--01015--007 **35.00

OT FEB 14 AM 11: 55

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: S PS TILE AND RENOVATIONS, INC
DOCUMENT NUMBER: POGOOOGZ881
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEWART ANDERSON (Name of Person)
3 PS TILE AND RENOVATIONS, INC.
431 ROBIN ROAD
(Address)
OAUENPORT FL, 33896 (City/State and Zip Code)
For further information concerning this matter, please call:
STEWART ANDERSON at (447, 702 7756 (Name of Person) at (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,	JOHANNA	UARVEY	,1	hereby resign as	OFF	(Title)		
of	SPS		AND Corporation	RENOVAT	lons,	INC.		
	POCOUOLS (Document Number, if FLUNIDA	2881	•	ion organized unde	er the law	s of the State	of	
	I LUNIDA	······································	•	palan a				
	- (& Kung	your of res	igning officer/directo	r)		OTFEB 14 AMII:	FILED STATE

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