

P06000067850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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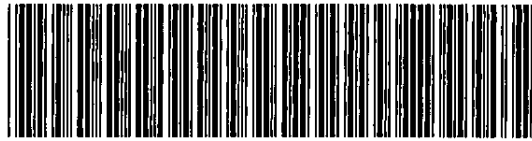
(Business Entity Name)

(Document Number)

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07 APR -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. G. Gault
D. G. Gault APR 11 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHARLES DAVID FALL, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000067850

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

Please return all correspondence concerning this matter to the following:

CHARLES DAVID FALL
(Name of Person)

CHARLES DAVID FALL, INC
(Name of Firm/Company)

16972 W. ALAN BLAKE BLVD
(Address)

LOXAHATCHEE, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES DAVID FALL at (561) 313-2508
(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, CHARLES DAVID FALL, hereby resign as PRESIDENT
(Title)

of CHARLES DAVID FALL, INC
(Name of Corporation)

P06000067850, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Charles David Fall
(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

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