

P06000069884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800079132498

08/29/06--01024--012 **35.00

FILED
06 AUG 29 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g off
res

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL SEASONS SURFACING, INC.
(Name of Corporation)

DOCUMENT NUMBER: 906000069884.

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

Please return all correspondence concerning this matter to the following:

MICHAEL J. BROWN.
(Name of Person)

ALL SEASONS SURFACING, INC.
(Name of Firm/Company)

1856 20TH ST. S.W.
(Address)

VERO BEACH, FL 32962
(City/State and Zip Code)

For further information concerning this matter, please call:

REBECCA YOUNG. at (772) 633-1727
(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

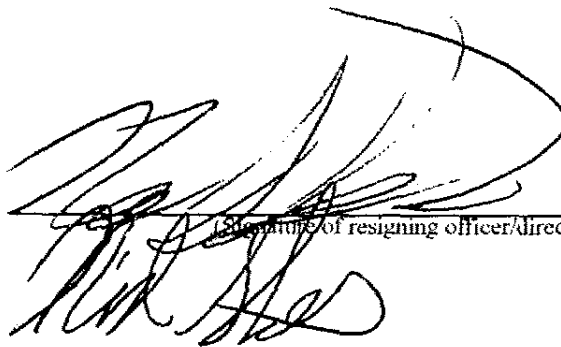
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I. NICK I. SALAS, hereby resign as OFFICER/DIRECTOR
(Title)

of ALL SEASONS SURFACING INC.
(Name of Corporation)

P06000069884, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

06 AUG 29 AM 9:29
FILED
SECRETARY OF STATE
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