## P06000078020

(Re	equestor's Name)	
(Address)		
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100149855671

04/15/09--01011--003 \*\*35.00

Of Rin Resign

09 APR 15 PH 12: 29

SECRETARY OF STATE DIVISION OF CORPORATIONS

T, Roberts APR. 1-6) AM

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: FLORIDA WASTEWATER INC
	(Name of Corporation)
DOC	UMENT NUMBER: P06000078020
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
MER	RWYN JONES
<del></del>	(Name of Person)
FLO	RIDA WASTEWATER INC
-	(Name of Firm/Company)
179	FRANK JONES ROAD
	(Address)
CRA	WFORDVILLE FL 32327
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
MER	WYN JONES at ( 850 ) 519-5999  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Division Clifton 2661 I	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle passee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE FOR A CORPORATION 09 APR 15 PM 12: 29

THOMAS C. REVELL	, hereby resign as SECRETARY
~7	(Title)
of_FLORIDA WASTEWATER INC	
(Name	of Corporation)
P0600078020 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	·····•
$\mathcal{A}$ .	0 2

## **FILING FEE IS \$35.00**

(Signature of resigning officer/director)

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

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