P06000078589

(Re	equestor's Name)	
(Ad	ldress)	· · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL '
(Bu	siness Entity Name)	
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(DC	ocument Number)	
Certified Copies	Certificates of Stat	us <u></u>
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: DIVISION 9 PAINTING AND WALLCOVERING, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P06000078589
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
ERI	C L SKELDON, CMA
	(Name of Person)
SKE	ELDON CONSULTING SERVICES
	(Name of Firm/Company)
409	0 MT VERNON AVE
	(Address)
TITU	USVILLE, FL 32780
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
ERIC	C L SKELDON at (321) 225-2015 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



3/2/09

I, KARL BLISH	, hereby resign as_	DIRECTOR/VICE PRES (Title)
of DIVISION 9 PAINTING AND		(1100)
(Nar	ne of Corporation)	
P0600078589 (Document Number, if known)	a corporation organized un	der the laws of the State of
FLORIDA		

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