

PD60000082246

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Texti-Prints, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000082246

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

William C. McCormick  
(Name of Person)

Texti-Prints, Inc.  
(Name of Firm/Company)

434 Division Ave.  
(Address)

Ormond Beach, Florida 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Ludlow at ( 386 ) 615-7397  
(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

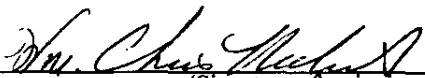
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, William C. McCormick, hereby resign as VP, Sec, Treas, Director  
(Title)

of Texti-Prints, Inc.  
(Name of Corporation)

P06000082246, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(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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