

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)	<del></del>	
. Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



800102816918

05/21/07--01042--016 \*\*35.00

TALLAHASSEE, FLORID

Old Rey

## **COVER LETTER**

SUBJECT: Paversource (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: <u>P0600083415</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Alice Rouse
(Name of Person)
Paversource (Name of Firm/Company)
542 Thames Circle (Address)
Longwood FL 32750 (City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section Division of Corporations

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,	Alice Rouse, hereby resign as 5TD (Title)	
of	Paver source, troc.	
	P0600083415a corporation organized under the laws of the State of (Document Number, if known)	
	FL.	
	(Signature of resigning officer/director)	energy and
	(Signature of resigning officer/director)  ANGEL AND ANG	ASSESSMENT OF THE PERSON OF TH
	FILING FEE IS \$35.00	C

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

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