86000083415

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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SEURETARY OF STATE
SEURETARY OF STATE



COVER LETTER

TO:	Amendment Section				
	Division of Corporations				

SUBJECT: Paversource (Name of Corporation)
DOCUMENT NUMBER: POV 000083415
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jarrod Rouse. (Name of Person)
Paversource (Name of Firm/Company)
542 Thames Cir (Address)
Longwood FL 32750 (City/State and Zip Code)
For further information concerning this matter, please call:
Adam Rouse at (407) 951 2473 (Name of Person) at (407) (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2007

JARROD ROUSE PAVERSOURCE 542 THAMES CIRCLE LONGWOOD, FL 32750

SUBJECT: PAVERSOURCE, INC. Ref. Number: P06000083415

We have received your document for PAVERSOURCE, INC.. However, the document has not been filed and is being returned for the following:

The fee to resign as officer/director for a corporation is \$35 per person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 107A00036481

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Jarrod	Rouse	, hereby resign as	Pres	sider	<u>+</u>
of		Paverso (Name of Corpor	urce, tr	ic.		_,
P	O 6 O O O 8 (Document Number, if)	3415, a corp	poration organized und	er the laws of the	State of	
	FL	·				
				,		
					7 JUN 1	77
		(Signature o	of resigning officer/directo	· ·	- PH RY 0F	
				,	2: 33 STATE LORID	

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