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P06000083538							
(Requestor's Name) (Address) (Address)	800139409478						
(City/State/Zip/Phone #)	01/05/0901047004 **35.00						
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2009 JAN - 5 AM II: 52 SECRETARY OF STATE TALLAHASSEE. FLORIDA						
Office Use Only	officer Resignation						

COVER LETTER

.

TO: Amendment Section Division of Corporations

Johnson & Johnson Kalloff Specialists, Inc (Name of Corporation) TNUMBER: POG 0000 83538 SUBJECT: **DOCUMENT NUMBER:**

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

Rac Michelle Johnson (Name of Person) Johnson Roll off Specialists, Inc. (Name of Firm/Company) 6210 Old Winter Oarden Road (Address) Orlando, FL 32835 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (321) 2848235 (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

1. Kae Michelle DMSM hereby resign as Vice Pres of 201M MAN KO (Name of Corpo 06000083538 _____, a corporation organized under the laws of the State of (Document Number, if known) bira a JAH-5 AM11:52 ILED

officer/director) nature of

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