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| (Re | equestor's Name) | |
| | ddress) | |
| (/// | iuress) | |
| (Ac | idress) | |
| . (Ci | ty/State/Zip/Phone | ⇒ #) |
| . PICK-UP | ☐ WAIT | MAIL |
| (R) | usiness Entity Nan | ne) |
| (5) | Johnson Entity Hall | |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATION AND STATE OF STATE

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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Sure Control AIR (Name of Corporation) |
| |
| DOCUMENT NUMBER: POLODOO87022 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| · |
| Please return all correspondence concerning this matter to the following: |
| Timmy A 11clly (Name of Person) |
| Sure Central Air Inc (Name of Firm/Company) |
| 100 Stevenson Rd. (Address) |
| Wister Haves FL 33884 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Timing A Kully at (863) 324-4248 (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, Stacie L Kelly | , hereby resign as | Vice | Pics. Jest (Title) |
|-------------------------------------|-------------------------------|-------------|---|
| of Sure COMAL AIR JNC (Name of Corp | oration) | | |
| POLODOO87022 ,a co | orporation organized unc | ler the la | ws of the State of |
| Florida. | | | |
| (Signatur | of resigning officer/director | or) 43-(| FILED 09 FEB 11 PM 1: 2 SECRETARY OF STAT TALLAHASSEE, FLORE |

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