

POC000087215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

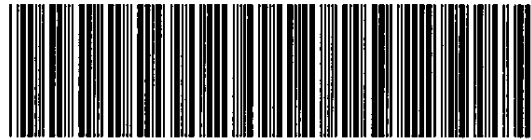
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Innovative Restoration Solutions, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000087215

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Sileo  
(Name of Person)

Innovative Restoration Solutions, Inc.  
(Name of Firm/Company)

4250 Alafaya Trail Suite 212-Box 352  
(Address)

Oviedo, FL 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Sileo at (407) 446-2539  
(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, Linda Marie Hester, hereby resign as President  
(Title)

of Innovative Restoration Solutions, Inc.,  
(Name of Corporation)

706000087215, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILED**  
06 DEC 12 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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