

| (Requestor's Name)                            |  |  |  |
|---|--|--|--|
|   |  |  |  |
| (Address)                                     |  |  |  |
|   |  |  |  |
| (Address)                                     |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                      |  |  |  |
| PICK-UP WAIT MAIL                             |  |  |  |
|   |  |  |  |
| (Business Entity Name)                        |  |  |  |
| (Dusiness Entity Name)                        |  |  |  |
|   |  |  |  |
| (Document Number)                             |  |  |  |
| Cartifical Cartina Cartification of Challenge |  |  |  |
| Certified Copies Certificates of Status       |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer:       |  |  |  |
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| (Name of Corpor  | ation)                         |                  |    | ***** 2     |
|--|--------------------------------|------------------|----|-------------|
| DOCUMENT NUMBER: P06000100488                                  |                                |                  |    |             |
| The enclosed Officer/Director Resignation for a Corporation    | n and fee are sub              | mitted for filin | g. |             |
| Please return all correspondence concerning this matter to the | ne following:                  |                  |    |             |
| Scott Carothers  |                                |                  |    |             |
| (Name of Person)   |                                |                  |    | 8           |
| BottomLine Consulting  |                                |                  |    |             |
| (Name of Firm/Company)   | ·                              |                  | *. | 95° + 1 , , |
| 10275 W Sample Road  |                                |                  |    |             |
| (Address)  | •                              |                  |    |             |
| Coral Springs, FL 33065  |                                |                  |    |             |
| (City/State and Zip Code)                                      | <del>-</del> -                 | <b>∞</b> ( )     | ٠  |             |
| For further information concerning this matter, please call:   |                                |                  |    |             |
| Chritina Cox 954   | 654-1166                       |                  |    |             |
| (Name of Person) (Area Code                                    | ) 654-1166<br>e & Daytime Tele | phone Number)    |    |             |

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE DIVISION OF CORPORATIONS

## OFFICER / DIRECTOR RESIGNATION PM 12: 38 FOR A CORPORATION

| Christina Cox                               | , hereby resign as Vice President                    |
|---|--|
| <u>-</u>                                    | (Title)  |
| of Solomon Construction & Services,         | , Inc  |
| (Name of Co                                 | prporation)  |
| P06000100488, a (Document Number, if known) | corporation organized under the laws of the State of |
| Florida                                     | e am +e : ; ;  |
| P4  | with our De  |
| (Signat                                     | ture of resigning officer/director)                  |

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