## P06000/28/23

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
	•	

Office Use Only



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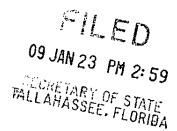
## **COVER LETTER**

SUBJECT: extreme hardwood flooring inc.
(Name of Corporation)
DOCUMENT NUMBER: p06000128123
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
thomas mcmichael
(Name of Person)
extreme hardwood flooring inc.
(Name of Firm/Company)
8529 grave ave
(Address)
new port richey fl. 34654
(City/State and Zip Code)
For further information concerning this matter, please call:
thomas mcmichael at ( 727 ) 457-0177 (Name of Person) at ( Area Code & Daytime Telephone Number)
(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  Mailing Address: Amendment Section
Division of Corporations Clifton Building Division of Corporations Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Timothy L Hurlburt	, hereby resign as_	sec	
•		(Title)	
of extreme hardwood flooring in			
(Nan	ne of Corporation)		
p06000128123	_, a corporation organized under the laws of the State of		
(Document Number, if known)			
florida	· •		
·			

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314