

PD6000139686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

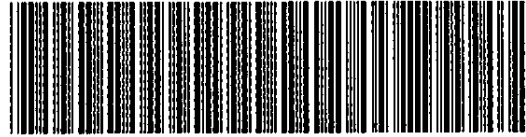
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200214850632

12/09/11--01026--028 **35.00

FILED
10 DEC -9 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Off Resign
Teevers
12-12-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CROWN SEAMLESS GUTTERS OF ST. LUCIE COUNTY, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO6000139686

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

Please return all correspondence concerning this matter to the following:

KIMBERLY B. CAVANO
(Name of Person)

(Name of Firm/Company)

9139 NORTH BAY BLVD.
(Address)

ORLANDO, FLORIDA 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY B. CAVANO at (407) 876-5758
(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**

FILED
11 DEC -9 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Kimberly B. Cavano, hereby resign as Vice president
(Title)

of Crown Seamless Gutters of St. Lucie County, Inc.
(Name of Corporation)

P06000139686, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Kimberly B. Cavano
(Signature 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