

PD60000143728

(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



100158337171

08/12/09--01014--015 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 AUG 12 PM 2:57

DD/Res
@ 8/17/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A. R. Remodeling Inc.

(Name of Corporation)

DOCUMENT NUMBER: P06000143728

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

Please return all correspondence concerning this matter to the following:

Maria O. Gomez

(Name of Person)

(Name of Firm/Company)

4364 NW 202 St

(Address)

Opa Locka, FL 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria O. Gomez

(Name of Person)

at (786) 326- 4799

(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, Maria O. Gomez, hereby resign as VS
(Title)

of A.R. Remodeling Inc.
(Name of Corporation)

P06000143728, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
09 AUG 12 PM 2:57