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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
. PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ · Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Wall Krafters, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P0600144220</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NikoLaus R. Carbon (Name of Person)
Wall krafters, Inc. (Name of Firm/Company)
10066 Hidden Pines Ln. (Address)
Bonita Springs, Fl. 34/35 (City/State and Zip Code)
For further information concerning this matter, please call:
NikoLaus R. Carbon at (239) 707-8678 (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

TO: Amendment Section

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, EDMUND ZAMMIT, hereby resign as Pres		
	Title)	
of Wallkrafters, Inc. (Name of Corporation)		<b></b> ,
(Name of Corporation)  PO600144220, a corporation organized under the laws of the (Document Number, if known)	e State of	
FLORIDA.		
(Signature of Sesigning officer/director)	07 SEP -6 SEGRETARY TALLIAHASSI	FILE
FILING FEE IS \$35.00	Y OF STATE	E D

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

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