

P06000151385

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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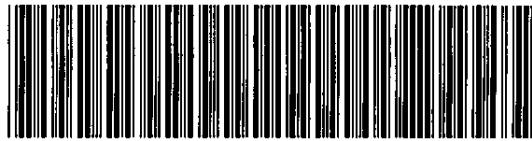
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Reliability Contractors of Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000151385

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

Please return all correspondence concerning this matter to the following:

MARK E. SPOOR

(Name of Person)

C/O LOUIS J. CARBONE, PA.

(Name of Firm/Company)

11 S. SWINTON AVENUE

(Address)

DELRAY BEACH, FLORIDA 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS J. CARBONE

(Name of Person)

at ( 561 ) 272-0282  
(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, MARK E. SPOOR, hereby resign as PRESIDENT  
(Title)

of RELIABILITY CONTRACTORS OF FLORIDA, INC.  
(Name of Corporation)

P06000151385, a corporation organized under the laws of the State  
(Document Number, if known)  
FLORIDA

**FILED**  
**07 SEP 17 PM 1:36**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
(Signature of resigning officer/director)  
**MARK E. SPOOR**  
9/15/2007

**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