P0700006733

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

188 Resign

6. Continue JAN 1 1 2008

COVER LETTER

Amendment Section

Division of Corporations

TO:

T. L. Mort, Inc. SUBJECT:_ (Name of Corporation) P07000006733 DOCUMENT NUMBER:_ The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew D. Pardy, Esq. (Name of Person) Kim, Pardy & Rodriguez, P.A. (Name of Firm/Company) Post Office Box 3747 (Address) Orlando, Florida 32802-3747 (City/State and Zip Code) For further information concerning this matter, please call: Matthew D. Pardy at (407) 481-0066 (Area Code & Daytime Telephone Number) (Name of Person) 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 Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1.	Terry Mort	, hereby resign as	President		
•••		, notes y resign as	(Title)		
of	T. L. Mort, Inc.			_,	
		ne of Corporation)			
	00006733	, a corporation organized under	the laws of the State of		
(Doc	ument Number, if known)				
Florid	da				
					
		y L Mot (Signature of resigning officer/director)	SECRE:	08 JAN	2
			AHASSEE, FLOR	-8 AM 6:	AND FILED
			70 <u>2</u>	Ś	

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

COVER LETTER

Division of Corporations				
SUBJECT: closing corporation				
DOCUMENT NUMBER: M39933				
The enclosed Articles of Dissolution and for	ee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
	las Manseau Jr.			
(Name of (Contact Person)			
Absolute Roofing Inc.				
(Firm	n/Company)			
6756 Ixora Dri	ve ·			
(Ad	idress)			
Miramar, Florid	a 33023			
	te and Zip Code)			
For further information concerning this mat	ter, please call:			
Kathleen Manseau	at (_954) 394-9864			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount	nt:			
\$35 Filing Fee \$\square\$\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301