P07000016885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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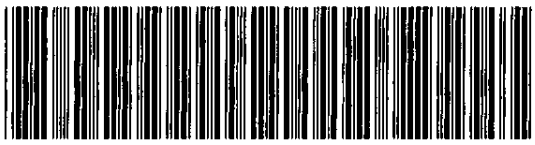

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03/03/08--01022--021 **35.00

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08 MAR -3 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resign
Erin Murphy
3/05/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1st Choice Elevator, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000016885

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

Please return all correspondence concerning this matter to the following:

Christopher W. Lopez
(Name of Person)

1st Choice Elevator, Inc.
(Name of Firm/Company)

2510 S.W. 66th Avenue
(Address)

Miramar, FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Lopez at (954) 540-5634
(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

I, Christopher W. Lopez, hereby resign as Vice President & Secretary
(Title)

of 1st Choice Elevator, Inc.,
(Name of Corporation)

P07000016885, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Christopher W. Lopez
(Signature of resigning officer/director)

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08 MAR -3 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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