P07000024880

(Requestor's Name)	
(Address)	
(Address)	·
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	





400215632894

12/30/11--01006--020 **35.00

SECRETARY OF SMICE

D/3/2

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PULIDO TILE INS	TALLATION, CORP.
	(Name of Corporation)
DOCUMENT NUMBER: P0	7000024880
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	concerning this matter to the following:
LAZARO VALDES	•
(Name of Pe	erson)
PULIDO TILE INSTALLATION	N, CORP.
(Name of Firm/C	Company)
2325 W GRACE ST	
(Address	3)
TAMPA, FL 33607	
(City/State and 2	Zip Code)
For further information concernin	g this matter, please call:
LAZARO VALDES	at (813) 843-9089 or 323-1779 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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. RAFAEL VALDES	, hereby resign as DIRECTOR
-7	(Title)
of_PULIDO TILE INSTALLATIO	
(Nan	ne of Corporation)
P07000024880	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	- -
9	Rafael Valdes
	(Signature of resigning officer/director)

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

FILING FEE IS \$35.00

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