107000072839

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

Office Use Only



800125740448

04/25/08--01051--020 **35.00

op/Ru Rego

LOGISTARY OF STATE

APR 25 PH 4: 1

2 0'2008

COVER LETTER

SUBJECT: Complete benovation Solutions Inc (Name of Corporation)
DOCUMENT NUMBER: <u>P07000072839</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:
Paul Ciminelli (Name of Person)
Complete Renovations Solutions Inc. (Name of Firm/Company)
750 West New York Ave. (Address)
Orange City, FL 32763 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul Ciminelli at (407) 832-8101 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section • Division of Corporations

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION
FALLAHASSEE, FLORIDA

I, Matthew Williams, hereby resign as Secratory (Title)
of Complete Renovations Solutions, Inc.
Po7000 72839 , a corporation organized under the laws of the State of (Document Number, if known)
Florida

(Signature of resigning officer/director)

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