## P07000091274

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(======,
Certified Copies Certificates of Status
Solution of Challes
Special Instructions to Filing Officer:

Office Use Only



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Off Resign

11/05/07--01007--019 \*\*35.00



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Home Solutions of Tampa, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P07000091274
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
James LaCaze
(Name of Person)
Home Solutions of Tampa, Inc.
(Name of Firm/Company)
6208 Boone Drive
(Address)
Tampa, FL 33625
(City/State and Zip Code)
For further information concerning this matter, please call:
James LaCaze at ( 813 ) 482-2964
James LaCaze at (813) 482-2964  (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

FILED

2007 NOV -5 PM 1: 57

SECRETARY OF STATE ALLAHASSEE. FLORIDA

Todd Freitag	, hereby resign as_	Secretary/Director	
***************************************	, notoby resign as_	(Title)	
of Home Solutions of Tampa, Inc	2.		
	e of Corporation)		
P07000091274 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
Florida	<u></u> ·		

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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