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| Special Instructions to Filing Officer: |
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COVER LETTER

Statewide Renovators, Inc. (Name of Corporation) P07000132949 **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: Steven Boggess (Name of Person) Statewide Renovators, Inc. (Name of Firm/Company) 2552 Hobblebrush Drive (Address) North Port, Florida 34289 (City/State and Zip Code) For further information concerning this matter, please call: Steven Boggess (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEWIDE RENOVATORS, INC.

2552 Hobblebrush Drive North Port, Florida 34289 941-628-5871 (Office) 941-764-0037 (Fax)

September 8, 2008

Florida Department of State Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE:

Statewide Renovators, Inc.

Document No. P07000132949

Dear Sirs:

Enclosed please find the following documents to be filed in an order you find appropriate:

- 1. Officer/Director Resignation;
- 2. Articles of Amendment.

A check in the amount of \$78.75 is enclosed for the filing fees. If you have any questions, please feel free to contact me at the above numbers.

Sincerely,

Steven Boggess, President

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2008 SEP 10 PM 1: 01

TALLAHASSEE, FLORIDA

| Mark P. Starkey | , hereby resign as vice-president/secretary | |
|------------------------------|------------------------------------------------------|--|
| 7 | (Title) | |
| of_Statewide Renovators, Inc | | |
| (Name of Co | poration) | |
| P07000132949 | corporation organized under the laws of the State of | |
| (Document Number, if known) | | |
| Florida | | |
| (Signat | ure 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