## P08000007129

| •  |
|--|
| (Requestor's Name)   |
|  |
| (Address)  |
|  |
| (Address)  |
| ( absect)  |
|  |
| (City/State/Zip/Phone #)   |
| PICK-UP WAIT MAIL  |
|  |
| (Business Entity Name)   |
|  |
| (Document Number)  |
| (Boodinoit Hambol)   |
|  |
| Certified Copies Certificates of Status  |
|  |
| Special Instructions to Filing Officer:  |
| , and the second |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Office Use Only



300134943043

08/29/08--01038--003 \*\*35.00



Offlisigs 9-5-08

## **COVER LETTER**

TRUBLUE TRIMMING INC (Name of Corporation) P08000007129 **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: **BRUCE DAVIS** (Name of Person) TRUBLUE TRIMMING INC (Name of Firm/Company) PO BOX 370295 (Address) **KEY LARGO FL 33037** (City/State and Zip Code) For further information concerning this matter, please call: **BRUCE DAVIS** (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: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 2008 AUG 29 AM 8: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| ROBIN DAVIS                             | , hereby resign as  |
|---|---|
| ,                                       | (Title)   |
| of TRUBLUE TRIMMING INC                 |   |
| (Name o                                 | of Corporation)   |
| P0800007129 (Document Number, if known) | _, a corporation organized under the laws of the State of |
| FLORIDA                                 | _•  |
|   |   |
|   |   |
| ueob                                    | ni Dovid  |
| (S                                      | ignature 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