P08000007129

(R	Requestor's Name)	
- (A	ddress)	
•	,	
. (A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	W AIT	MAIL
(E	Business Entity Name)	
(Document Number)		
•		
Certified Copies	Certificates of S	itatus
Special Instructions to Filing Officer:		

Office Use Only



500183607555

07/27/10--01006--001 **35.00



Of Resign C.COULLIETTE

JUL 2 7 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Trublue Triming Inc. (Name of Corporation) DOCUMENT NUMBER: PO800007129
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)
Trueblue 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 Dovi 5 (Name of Person) at (305) 522-4797 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Travis Wilson , hereby resign as AVF	(Title)	· · · - · · · ·	<u></u>
of Trublue Trimming, Inc. (Name of Corporation)		• ,	•, •, • • • • •
(Document Number, if known) Florida .	f the State	of	
(Signature of resigning officer/director)	- HORRING	10 111 2	THE STATE OF THE S
FILING FEE IS \$35.00	THE SHE AS	7 PH 1-96	

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

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