

PD8000013419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08 JUN 30 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign

Q. Coullotte

JUL 02 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL ORIGINAL INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000013419

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Shepherd
(Name of Person)

Shepherd Home IMPROVEMENTS, INC.
(Name of Firm/Company)

8102 Parkridge Circle South
(Address)

JACKSONVILLE, FL 32211
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Shepherd at (904) 228-5252
(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

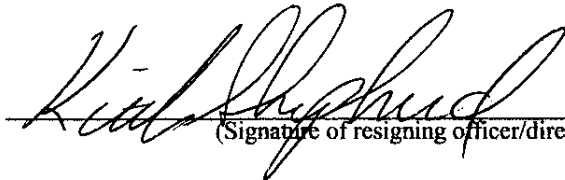
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KEITH SHEPHERD, hereby resign as Secretary
(Title)

of ALL ORIGINAL INC.
(Name of Corporation)

P08000013419, 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

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TALLAHASSEE, FLORIDA