## P08000046210

| (Requestor's Name)                       |
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| (Address)                                |
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| (Address)                                |
| (Addiess)                                |
|  |
| (City/State/Zip/Phone #)                 |
| PICK-UP WAIT MAIL                        |
|  |
| (Business Entity Name)                   |
|  |
| (Document Number)                        |
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| Cartifical Capina Cartificator of Status |
| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
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Office Use Only



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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: DESIGNONE PLUMBING CONTRACTOR, INC. (Name of Corporation)                            |
| DOCUMENT NUMBER: <u>P0800046210</u>   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| William DEL BUSTO (Name of Person)  |
| DESIGNONE PLUMBING CONTRACTOR, INC. (Name of Firm/Company)                                    |
| 247 SW 8 STREET # 217 (Address)   |
| Miami, FL 33130<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:                                  |
| William DEL Busto at (306) 860-0384 (Area Code & Daytime Telephone Number)                    |
|   |

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, ALBERT VELARDE, hereby resign as PRESIDENT (Title)  |
|--|
| of DESIGNONE PLUMBING CONTRACTOR, INC. (Name of Corporation)                                     |
| P0800046210 , 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  |

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

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