P08000049065

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



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12/29/08--01029--016 **35.00

SECULIATION OF STATE

T. Burch JAN 7 2009

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: 1-800-SEALCOAT of S. Florida Inc (Name of Corporation) |
| DOCUMENT NUMBER: P08000049065 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| MAURO COMUZZI |
| (Name of Person) |
| 1-800-Seal coat of S. Florida Inc (Name of Firm/Company) |
| 9732 Vineyard Ct (Address) |
| Boca Raton Fl 33428 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| MAURO COMUZZ; at (305) 469-0935 (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, _ | (hamle) | Rose | | , hereby resign a | s Vice | PLESIPENT (Title) | · ——— | | |
|------|--------------------------|--------------------------|-----------------|-----------------------|--------------|----------------------|--|-------------|--|
| of_ | 1800 5 | PGI COGT C | > F S. | Floring | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | P080000 (Document Nun | 49065 nber, if known) | , a corpor | ation organized | under the la | aws of the State of | | | |
| | Florida | | · | | | | | | |
| | | | | | | | | | |
| | | | (Signature of r | resigning officer/dir | rector) | | The second secon | 2008 DEC | |
| | | | | | | | NY OF STATE | 29 PM 4: 20 | |
| | | | **** | TT 10 00 00 | | | ₽щ | 20 | |

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