Po8000049554

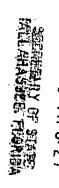
(Re	equestor's Name)						
(Ac	ddress)						
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(City/State/Zip/Phone #)							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2008

OLIVER SUREAU JADE ASSOCIATES MIAMI, INC. 100 N. BISCAYNE BLVD., SUITE 500 MIAMI, FL 33132

SUBJECT: BOURQU 1 HVAC INC Ref. Number: P08000049554

We have received your document for BOURQU 1 HVAC INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 408A00054637

Division of Corporations PO ROY 6327 Tallahassas Florida 32214

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: BOURQU 1 HVAC INC
	(Name of Corporation)
DOC	CUMENT NUMBER: P08000049554
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Oliv	rier Sureau
	(Name of Person)
Jad	e Associates Miami, Inc
•	(Name of Firm/Company)
100	N Biscayne Blvd - Suite 500
	(Address)
Mia	mi, FL 33132
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Olivi	(Name of Person) at (305) 579-0220 9AM-6PM (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Stephanie Bourquin	, hereby resign as_	Director				
-" _		, nordey resign as_	(Title)				
of_							
	(Nar	ne of Corporation)					
P(08000049554 - (Document Number, if known)	, a corporation organized un	der the laws of	the St	ate of		
Flo	orida			· · · · · · · · · · · · · · · · · · ·	THE SECTION OF STA	08 NOV -5 FH 3: 27	Sandi Latin Sandi
		(Signature of resigning officer/direc	tor)			-1	

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