## P0800057345

| (Requestor's Name)                      |
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| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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## SUBJECT: ARTISAN DISASTER RESTORATION INC.

(Name of Corporation)

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DOCUMENT NUMBER: P08000057345

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

Please return all correspondence concerning this matter to the following:

SUSAN FOLSOM CPA

(Name of Person)

FOLSOM ACCOUNTING SERVICES INC.

(Name of Firm/Company)

1605 MAIN ST

(Address)

DUNEDIN, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN FOLSOM CPA

(Name of Person)

at (<u>727</u>) 738-8906 (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 Tailahassee, FL 32314

|   | / DIRECTOR RESIGNATION<br>OR A CORPORATION |
|---|--|
| PAUL E MERCER JR                                    | , hereby resign as VP                      |
|   |  |
| (Nam<br>P08000057345<br>(Document Number, if known) | ne of Corporation)                         |
| FLORIDA   |  |

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le mercan / Pa

(Signature of resigning officer/director)

SECRETARY OF STATE

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## 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