

P08000065631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

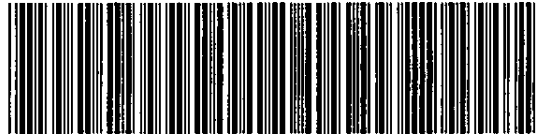
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

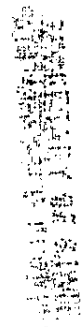
Special Instructions to Filing Officer:

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10 MAR - 3 PM 12:48

FILED

O/D Resign.

D. CONNELL MAR 08 2010

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CUSTOM CRAFTS UPHOLSTERY OF SOUTH FLORIDA, INC.  
(Name of Corporation)

DOCUMENT NUMBER: PO8000065631

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

Please return all correspondence concerning this matter to the following:

ROBERT F. ADELSON  
(Name of Person)

ADELSON & COMPANY, P.A., CPAs  
(Name of Firm/Company)

1200 N.W. 17<sup>TH</sup> AVE. SUITE 8  
(Address)

DELRAY BEACH, FL. 33445  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT F. ADELSON at ( 561 ) 272-1600  
(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

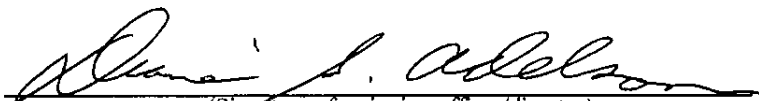
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DIANE S. ADELSON, hereby resign as INITIAL OFFICER/DIRECTOR  
(Title)

of CUSTOM CRAFTS UPHOLSTERY OF SOUTH FLORIDA, INC.  
(Name of Corporation)

P08000065631, 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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