## POR DOOD 70349

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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T. ROBERTS

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Commonwealth Remodeling, Inc. (Name of Corporation)
DOCUMENT NUMBER: P08000070349
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Travis
(Name of Person)
Commonwealth Remodeling, Inc
(Name of Firm/Company)
27501 Richview Court
(Address)
Bonita Springs, FL 34135
(City/State and Zip Code)
For further information concerning this matter, please call:
David Travis  (Name of Person)  at (239 821 - 0997  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 12 DEC 10 PH 1: 25

, Jennifer Travis	, hereby resign as VPDS (Title)	
of Commonwealth Re	,	
(Nan	ne of Corporation)	
P08000070349 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		

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