## P080000 70636

(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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	equestor's Name)	
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## **COVER LETTER**

Division of Corporations
SUBJECT: WAYNE'S CARPET PUS INC.  Name of Corporation)  DOCUMENT NUMBER: PD8000070636
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nettie DAvis
(Name of Person)  Way Ne's Cappet Pus Ive  (Name of Firm/Ompany)
846 SW MAIN BIND
LAKE City Fl 320 25 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (386) 752 4576 (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, Wayne Adams, hereby resign as Presiden	<del>1</del>		
of Name's Carpet Plus, Inc. (Name of Corporation)	·)	_,	
(Name of Corporation)  (Name of Corporation)  (Document Number, if known)  (Document Number, if known)	tate of		
- Torica			
	SECRE I TALLAHA	09 APR	
Signature of resigning officer/director)	Q	R 29 AH	7777

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