

P08000071924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

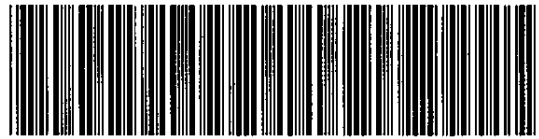
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

CD 12/14/09

12-07-09

### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALL PHASE QUALITY RESTORATION INC.  
(Name of Corporation)

DOCUMENT NUMBER: P08000071924

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

Please return all correspondence concerning this matter to the following:

Jose M Romo  
(Name of Person)

ALL PHASE QUALITY RESTORATION INC.  
(Name of Firm/Company)

1234 NE 12 AV.  
(Address)

FORT LAUDERDALE FL 33304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose M Romo at (954) 531-5559  
(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

12-07-09

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jose M Romo, hereby resign as Vice President  
(Title)

of ALL PHASE QUALITY RESTORATION INC.  
(Name of Corporation)

PO8000071924 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

J. M. Romo  
(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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