08000100819

| (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| · | · | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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| | | |

Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Advanced Window Repair Inc. | · | | |
|--|-------|--|--|
| (Name of Corporation) | | | |
| DOCUMENT NUMBER: P08000100819 | _ | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi | ling. | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Steven Meadows | | | |
| (Name of Person) | | | |
| Advanced Window Repair Inc. | | | |
| (Name of Firm/Company) | | | |
| 3001 S. Course Drive Apt # 506 | | | |
| (Address) | | | |
| Pompano Beach, Florida 33069 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Steve Meadows 954 366-6692 | | | |
| Steve Meadows at (954) 366-6692 (Name of Person) (Area Code & Daytime Telephone Number | er) | | |
| 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 MALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314