P08000104859

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Certified Appliance Repair Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: P08000104859		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	g.	
Please return all correspondence concerning this matter to the following:		
Michael Cervantes	≓o.	Q
(Name of Person)	75	330 80
Certified Appliance Repair Inc.	HAS:	2-3
(Name of Firm/Company)	338	70
#14 6th Ave	TARY OF STAT ASSEE, FLORI	-5 PM 1:2
(Address)	PAE	5
Key West, FL. 33040	T.	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Cervantes at (305) 522-3823 (Name of Person) (Area Code & Daytime Telephone Number)	•	
Michael Cervantes at (305) 522-3823 (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,	, hereby resign as V-Pres	_
	(Title)	
of Certified Appliance Repair	Inc.	
(N	ame of Corporation)	
P08000104859	, a corporation organized under the laws of the State of	•
(Document Number, if known)	,my	
Florida		\neg
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\wedge	FLOS :	
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(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