

P09 0000 35488

(Requestor's Name)

(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:

Office Use Only



500181176765

05/21/10--01012--012 \*\*35.00

FILED  
10 MAY 21 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

O/D Resign.

~~D. CONNELL~~ MAY 21 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** United Wall and Stucco Systems Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000035488

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

Please return all correspondence concerning this matter to the following:

Nancy Llera  
(Name of Person)

United Wall & Stucco  
(Name of Firm/Company)

2723 SE 30th St.  
(Address)

Ocala FL 34471  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Llera at ( 352 ) 4156199  
(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

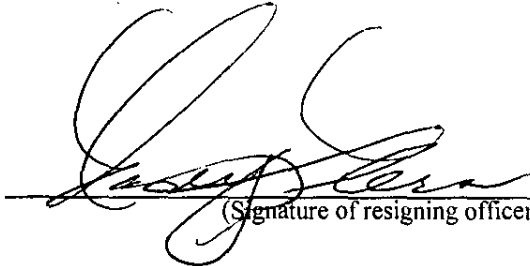
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Nancy Llera, hereby resign as President  
(Title)

of United Wall + Stucco Systems, Inc.  
(Name of Corporation)

90900035488, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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

**FILED**  
10 MAY 21 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA