

P09000053312

(Requestor's Name)

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(City/State/Zip/Phone #)

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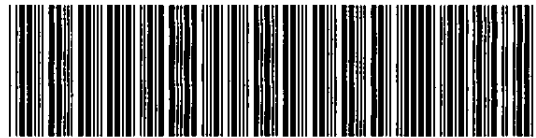
(Business Entity Name)

(Document Number)

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*Mr. [Signature]*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts DEC 29 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A.C.P.W. Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Noelle Lauer  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1913 Crane Creek Blvd.  
(Address)

Melbourne, FL 32940  
(City/State and Zip Code)

For further information concerning this matter, please call:

Noelle Lauer at (586) 943 8973  
(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, Noelle C. Lauer, hereby resign as Vice President  
(Title)

of A. C. P. W. Incorporated  
(Name of Corporation)

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

Florida

Noelle C. Lauer  
(Signature of resigning officer/director)

**FILED**  
**09 DEC 23 PM 1:55**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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