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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>GUY ALLON RENOVATIONS</u> MC. (Name of Corporation)
DOCUMENT NUMBER: 709 0000 74680
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LYNG LEVES QUE (Name of Person)
Guy ALLEN RENEXATIONS Luc. (Name of Firm/Company)
5200 5 NOVA RD. (Address)
PORT ORANGE, FLORIDA 32127-6234 (City/State and Zip Code)
For further information concerning this matter, please call:
LYNE LEVET one at (8/9) 684-0446 / 386-2/4-0624 (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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Guy Ar	TEN	, hereby resign as PRA	ESIDENT/	DIRECTOR
of 644	ALLEN (Name of Co	RENOVATIONS opporation)	Mc.	············ 7
P09000740 (Document Number	280, a	corporation organized under the la	ews of the State of	
FLORINA	+			

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ignature of resigning officer/director)

11 MAR - 1 PM 1: 42
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TALL AHASSEE, FLORID

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