P09000087235

| (Re | equestor's Name) | | |
|-------------------------|--------------------|-----------|--|
| (Ad | ldress) | | |
| (, | uroso, | | |
| (Address) | | | |
| | | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| | siness Entity Nar | 200 | |
| (80 | Siness Endry Ival | ne) | |
| (Document Number) | | | |
| | | | |
| Certified Copies | _ Certificates | of Status | |
| | , | | |
| Special Instructions to | Filing Officer: | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| | | | |
| | | | |





100226183581

04/04/12--01012--007 **35.00



COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|-----|
| SUBJECT: Metroclean of Lee County | _ |
| (Name of Corporation) | |
| DOCUMENT NUMBER: P09000087235 | _ |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for file | ing |
| Please return all correspondence concerning this matter to the following: | |
| Sharon D Gilmore | |
| (Name of Person) | |
| Metroclean of Lee County | |
| (Name of Firm/Company) | |
| 2822 54 TH AVE SO # 230 | |
| (Address) | |
| ST Petersburg, FL 33712 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Sharon D Gilmore at (239) 220-0622 (Name of Person) (Area Code & Daytime Telephone Number | |
| (Name of Person) (Area Code & Daytime Telephone Number | r) |
| 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 | |

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Thomas N Gilmore | hereby resign as Vice | , hereby resign as | |
|--|------------------------------------|------------------------|--|
| | , norsely resign as | (Title) | |
| of METROCLEAN LEE COUNTY, | | | |
| (Name of Co | rporation) | | |
| P09000087235 (Document Number, if known) | corporation organized under the | e laws of the State of | |
| Florida | | | |
| , | | | |
| | | | |
| (Signate | ure of resigning officer/director) | | |
| | | 12 APR -4 | |
| FILIN | NG FEE IS \$35.00 | | |

Amendment Section
Division of Corporations
P.O. Box 6327

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

Tallahassee, Florida 32314