## P09000088323

(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:					





100168057221

02/08/10--01061--012 \*\*35.00

Op/ Rw Resyn

10 FEB -8 MM 9: 45

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: A-1 QUALITY INSTALLATION IN (Name of Corporation)	, 
DOCUMENT NUMBER: \$ 0 9000 88323	_
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fill	ing.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Person)	
(Name of Firm/Company)	
• •	
eller sw 133 Place	
· · · · · · · · · · · · · · · · · · ·	
MIAMI, FLA 33183 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (30) 969-4393.  (Area Code & Daytime Telephone Number	<del>(1</del> )
(The out of the out of	,

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

10 FEB - 8 AM 9: 45
PACITATION OF STATE OR 10A

I,	How Ve	wyo.	, hereby resign as Se Welfing
	Λ-1	•	
of	77-7		Insia //Anow Inc
1	0 9000 88		rporation organized under the laws of the State of
	Flouda	,	
		_	

**FILING FEE 1S \$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