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TO: Amendment Section Division of Corporations

Restoration Services Inc. SUBJECT: Duncoast P 1000 00 38916 **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:

Peter J. ORtiz (Name of Person)

Suncoast Restoration Services Inc.

13830 Dunwoudy DrivE

Spring Hill FL 34609 (City/State and Zip Code)

For further information concerning this matter, please call:

son) at (<u>866</u>) <u>878-6567</u> (Area Code & Daytime Telephone Number) PETER J. ORtiz (Name of Person)

• 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 | | | | | |
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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