(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUE	BJECT: Creative Coverings, Inc.
~~	(Name of Corporation)
DO	CUMENT NUMBER: P10000047240
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
Kir	nberly Beaver
	(Name of Person)
Cre	eative Coverings, Inc.
	(Name of Firm/Company)
13	3 Hollis Dr. S.
	(Address)
Ora	ange Park, FL 32073
	(City/State and Zip Code)
For	further information concerning this matter, please call:
Kim	hberly Beaver at (757) 652-9600 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	losed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi Clift 2661	et Address: endment Section sion of Corporations on Building Executive Center Circle ahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,, hereby resign as				
	(Title)			
of Creative Coverings, Inc.	ame of Corporation)		.,	
P10000047240 (Document Number, if known)	, a corporation organized under the laws of the State of	f		
Florida				
<u> </u>	Searly (Signature of resigning officer/director)	11 NOV 28 AM	SECRETARY OF DIVISION OF CORPO	
	FILING FEE IS \$35.00	₩ 9: 35	F STATE PORATION	

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314