P110000009657

(Re	equestor's Name)	
(Ad	ldress)	
(Ād	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FILING CANCELLED RETURNED CHECK

09/30/11--01021--015 **35.00

OFF. Res.

COVER LETTER

SUBJECT: TOTAL SOLUTION CONTRACTOR.

(Name of Corporation)

DOCUMENT NUMBER: PHOODO 9657

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

Total Selden Contractor

(Name of Firm/Company)

THIS Lectorat Circle

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (Selden Selden Selden

.

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section Division of Corporations

FILING CANCELLED RETURNED CHECK

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MILANARY OF PAREON of Total Solution CONTRACTORS, INC.

(Name of Corporation) ____, a corporation organized under the laws of the State of FloriDa

(Signature of resigning officer/director)

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