

P11000022099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

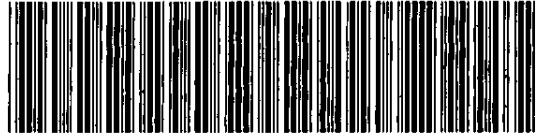
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

Off Resign
Tewis
5-31-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smart Choice Protection Products, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P11000022099

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

Please return all correspondence concerning this matter to the following:

Valerie J. Catalano

(Name of Person)

Smart Choice Protection Products, Inc.

(Name of Firm/Company)

9430 Seminole Blvd.

(Address)

Seminole, FL 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie J. Catalano

at (727) 398-1001

(Name of Person)

(Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

VALERIE J. CATALANO
SMART CHOICE PROTECTION PRODUCTS, INC.
9430 SEMINOLE BLVD.
SEMINOLE, FL 33772

SUBJECT: SMART CHOICE PROTECTION PRODUCTS, INC.
Ref. Number: P11000022099

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 711A00012124

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

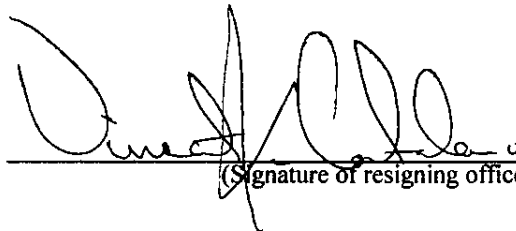
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Vincent J. Catalano, hereby resign as President/Director
(Title)

of Smart Choice Protection Products, Inc.
(Name of Corporation)

P11000022099, a corporation organized under the laws of the State of
(Document Number, if known)

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