## P110000001651

(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations  TESGNATION OF KEIN A. FORMICA
SUBJECT: ROBERT FORMICA INC. DEA PAIN BEACH LAWN & POOL CARE (Name of Corporation)
DOCUMENT NUMBER: P11 0000 67 65 1
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)  ROBERT FORMICA INC  (Name of Firm/Company)  Q78 NW (1th ST. (Address)  BOCA RATON, F( S3737
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 860 - 4613 (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	KEVINR. FORMICA	, hereby resign as <u>V</u> /	CE PRESIDENT
of_	ROBERT FORMICA	INC. DBA	PAIN BEACH LAWN &
	(Name of Corporatio	n) '	Pool CARE
<u>f</u>	(Document Number, if known), a corpora	ation organized under th	he laws of the State of
	Florida.		
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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