(RE	equestors Name)			
(Ad	idress)	<del></del>		
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
,				





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08/06/12--01024--004 \*\*35.00







## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	JECT: Door Supply of Florida, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P12000027176
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Johr	n Coleman
	(Name of Person)
	(Name of Firm/Company)
505	5 NW 96 Way
-	(Address)
Cora	al Springs, Fl., 33064
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
John	(Name of Person) at ( 954 ) 821-9139 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divisi Clifto 2661	Mailing Address: Address: Amendment Section Amendment Section Of Corporations Division of Corporations Post Office Box 6327 Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. John Coleman	, hereby resign as_	Vice President/Secretary	
7		(Title)	
of Door Supply of Florida, Inc.		······································	
(Name	of Corporation)		
P12000027176  (Document Number, if known)	_, a corporation organized under the laws of the State of		
Florida	<u>_</u> .		
		2812 AUG SECREI	
(S	signature of resigning officer/direc		

## **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