P1200087930

(Requestor's Name)	
•	
(Address)	
(interest)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(2,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to mining officer.	

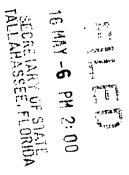
Office Use Only



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resignation & typicar

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TRANSE, OBS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SURPRICE, CERTIFIED SCAFFOLD PLUS INC.

(Name of Corporation)

DOCUMENT NUMBER: P12000087930

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

Please return all correspondence concerning this matter to the following:

KRISHAN K GARG

(Name of Person)

GARG AND ASSOCIATES, INC.

(Name of Firm/Company)

8551 WEST SUNRISE BLVD, SUITE 101A

(Address)

PLANTATION, FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISHAN K GARG

_{...}954 \636-642

(Name of Person)

(Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	SECRETAL PM 2:00
ı, RICARDO F ALVAF	ALLAH CAN'T DE STADE
	(Title)
of CERTIFIED SCAFF	FOLD PLUS, INC.
(Name o	e of Corporation)
P12000087930 (Document Number, if known)	, 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

STATE OF FORIDA COUNTY OF MANAGE

NOTARY SEAL

Sworn to (or affigured) and subscribed before me this day of My year by I Could Francisco Alverce (Name of Person Making Statement)

(Official I totary Signature)

(Name of Notary Typed, Printed or Stamped)

Personally known: or Produced Identification, Identification Produced:

LATOYA MAY Notary Public - State of Florida

Commission # FF 206075 My Comm. Expires Mar 4, 2019