

P130000087613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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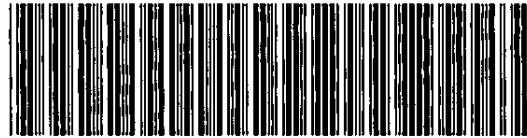
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 10 PM 3:55

OCT 22 2014

T. CARTER

OLD Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Certified Professional Restoration Services Inc
(Name of Corporation)

DOCUMENT NUMBER: P13000087613

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

Please return all correspondence concerning this matter to the following:

Robert Rex Road
(Name of Person)

Certified Professional Restoration Services Inc.
(Name of Firm/Company)

1779 N. Congress Ave Suite 204
(Address)

Boynton Beach FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Maikula at (561) 714-1842
(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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 10 PM 3:55

I, Robert REXROAD, hereby resign as M
(Title)

of Certified Professional Restoration Services INC,
(Name of Corporation)

P13000087613, 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