P14000001011

(Re	equestor's Name)	
(Ad	idress)	
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<i>y.</i>		
(Cit	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
	ECT: Custom Renovations of Ocala Corp. (Name of Corporation)
DOC	UMENT NUMBER: P14000007011
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Mic	chael Whiteman
	(Name of Person)
	(Name of Firm/Company)
495	50 se 169th ave
	(Address)
Oc	klawaha Florida,32179
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Mic	Chael Whiteman at (352) 427-0800 (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.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	, hereby resign as VP (Title)	
Custom Renovations	,	
(Name of	(Corporation)	
P1400007011	, a corporation organized under the laws of the State of	
(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