

P04 0000 61410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WGM QUALITY PAINTING INC

(Name of Corporation)

DOCUMENT NUMBER: P04000061410

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MAXINE MATSES

(Name of Person)

WGM QUALITY PAINTING INC

(Name of Firm/Company)

536 TALL PINES ROAD

(Address)

HAVERHILL, FL 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

GRETZA MOYA
_____ at (561) 889-1286
(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:

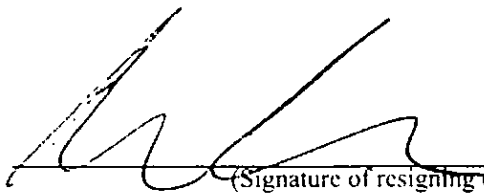
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAXINE MATSES, hereby resign as T/S
(Title)

of WGM QUALITY PAINTING INC
(Name of Corporation)

P04000061410, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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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