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SEP 2 4 2018 I ALBRITTON •

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: F A PAINTING OF NORTH FLORIDA CORP.

(Name of Corporation)

DOCUMENT NUMBER; P14000064996

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

Please return all correspondence concerning this matter to the following:

Roberto Alarcon

(Name of Person)

F A PAINTING OF NORTH FLORIDA CORF.

Name of Firm/Company)

1700 Mindanao Dr. Apt 1313

(Address)

Jacksonville FL 32246

and the state of the state

(City/State and Zip Code)

For further information concerning this matter, please call:

at (904) 525-9406 (Area Code & Daytime Telephone Number) R. Alarcon (Name of Person)

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

3

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

CR2E044 (05/L3)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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