P14000075085

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

L. LEMIEUX

TRANSMITTAL LETTER

TO: Amendme Division o	nt Section f Corporations				
SUBJECT:	AALM	Carpantry (Name of Corpora	₹ ation)	Painting	Corp
DOCUMENT N	umber: PA	40000750	85		
The enclosed Off	cer/Director Resignation	for a Corporation	and fe	e are submitted	for filing
Please return all c	orrespondence concernin	g this matter to the	e follo	wing:	
Am	(Name of Person)	Lopera			
AALM ((Name of Firm/Company)	trng Corp.			
9621 Hol	day Road - Co- (Address)	Her Bay, FL	33/	57	
Cutler B	ay FL 33/5' (City/State and Zip Code)	7			
For further inforn	nation concerning this ma	tter, please call:			
Amado D	a Jasus Logen Lame of Person)	at (<u>786</u>) (Area Code	476 & Day	0 - 0687 rtime Telephone	Number)
Enclosed is a che	ck for \$35.00 made payal	ole to the Florida I	Departr	ment of State.	

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Amodo Da	10505	lopaco	<u>1</u> , her	eby resign as	. 7. ? T)	itle)
of	AALM	Corpo (Name	antry of Corpora	tion)	Painting	Cop	,
P	0 140000 750 8 (Document Number, if kr		_, a corpo	oration	ı organized under	the laws of the	e State of
	FLORIDA.		 .				

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

15 MAR 18 PH 3:51
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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