PK 600010037

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		·





500295537115

02/17/17--01022--003 **35.00



glarun

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: another windov	v company	
	(Name of Corpor	ration)
DOCUMENT NUMBER:		
The enclosed Officer/Director Resignation	on for a Corporatio	n and fee are submitted for filing
Please return all correspondence concern	ning this matter to the	he following:
brad williams		
(Name of Person)		=
another window comp	any	
(Name of Firm/Compa	ny)	-
10600 nw 29th ct		
(Address)		-
sunrise,fl.33322		
(City/State and Zip Coo	de)	-
For further information concerning this	matter, please call:	
brad williams	_{at (} 954	3197260 e & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	yable to the Florida	Department of State.
Amendment Section Ar Division of Corporations Di P.O. Box 6327 26	reet Address: mendment Section vision of Corporatio 61 Executive Center Illahassee, FL 3230	· Circle

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_L brad williams	, hereby resign as director	
7	(Title)	
of another window comp	any Inc.	
(Name of Co	rporation)	
(Document Number, if known)	corporation organized under the laws of the State of	
florida		
_		
Bust	ure 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