

P16000012956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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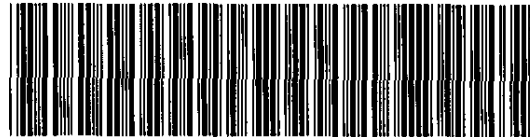
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CUSTOM PAINTING AND MORE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000012958

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

Please return all correspondence concerning this matter to the following:

**GARY CRUSE**

(Name of Person)

**CUSTOM PAINTING AND MORE INC**

(Name of Firm/Company)

**6787 SE 125TH ST LOT 26**

(Address)

**BELLEVIEW FL 34420**

(City/State and Zip Code)

For further information concerning this matter, please call:

**GARY CRUSE**

(Name of Person)

at ( **352** ) **817-1719**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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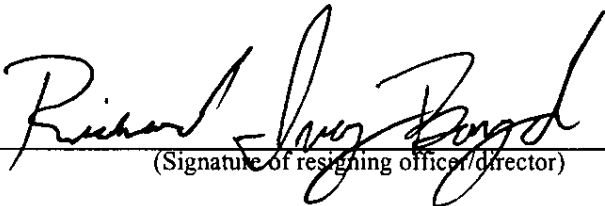
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RICHARD BOYD, hereby resign as TREASURER  
(Title)

of CUSTOM PAINTING AND MORE INC  
(Name of Corporation)

P1600012956, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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16 SEP -7 PM 12:28  
SECTION 14 STATE  
TALLAHASSEE, FLORIDA