P16000045762

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number))
Certified Copies	Certificate:	s of Status
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TALL AHASSEE FLORID

olo Resignation

JUN 2 3 2016

D CUSHING

TRANSMITTAL LETTER

·
SUBJECT: A TAKE PAINTING Solution Inc, 5 CORPARATION (Name of Corporation) DOCUMENT NUMBER: P16000045762
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
143 BRIAR Cliff DR (Address) KissimmEE Florida 34758
(City/State and Zip Code) For further information concerning this matter, please call:
(Name of Person) at (407) 501-1506 (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

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. CARLOS CAMA	cho, hereby resign as 6/12/2016
of ATAKE PA	ginting Solution INCS Coeppeation
· ·	, a corporation organized under the laws of the State of
Parla	/ conalle-

(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 FILED

16 JUN 20 PH 4: 42

SECRETARY OF COMIS

NATIONAL SEEF, FLORID