

P16600050813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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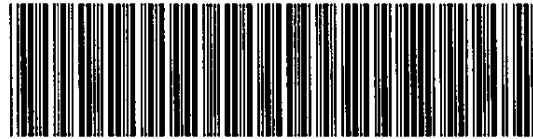
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLINDS ASAP INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000050813

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

Please return all correspondence concerning this matter to the following:

**CHRIS LANDIS**

(Name of Person)

**BLINDS ASAP INC**

(Name of Firm/Company)

**5263 SIESTA DEL RIO DR S**

(Address)

**JACKSONVILLE FL 32258**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CHRIS LANDIS** at **904 568-0256**  
(Name of Person) (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


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RON CRAVEN, hereby resign as VP  
(Title)

of BLINDS ASAP INC,  
(Name of Corporation)

P16000050813, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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**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

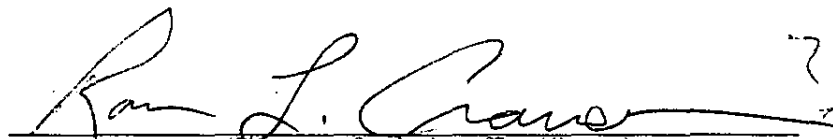
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(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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