P17000003846

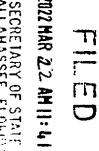
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
APR - 6 2022		
APR 0 LOLL		
,		

Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: ELEVATORS INTERIORS, INC.		
Sobsect	(Name of Corporation)	
DOCUMENT NUMBER: P17000003846		
The enclosed Officer/Director Resignation f	for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	this matter to the following:	
KLODIAN RAKAJ, Registered Agent		
(Name of Person)		
ELEVATORS INTERIORS, INC		
(Name of Firm/Company)		
606 N. MARTIN LUTHER KING JR. AVE	, SUITE B	
(Address)		
CLEARWATER, FL 33755		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
KLODIAN RAKAJ	at () 204-4726 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable	e to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

NICK KOLGJOKAJ I,	, hereby resign as_	VICE-PRESIDENT FOR
ELEVATORS INTERIORS INC.		(Title ;
(Name of	Corporation)	
P17000003846 (Document Number, if known)	a corporation organized un	der the laws of the State of
FLORIDA		
(Sign	nature of resigning officer/direc	tor)

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