Plm053600

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
JAM 2.9 II.	





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
MAHOGANY ROOFING INC. SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER: P20000053600	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
JOHN R. SAMAAN, ESQUIRE	
(Name of Person)	
JOHN R. SAMAAN, P.A.	
(Name of Firm/Company)
1600 E. ROBINSON STREET, SUITE 100	
(Address)	
ORLANDO, FL 32803	
(City/State and Zip Code))
For further information concerning this ma	atter, please call:
JOHN R. SAMAAN, ESQUIRE	at (407 740-0500 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ACKRAN JABAR	VICE PRESIDENT , hereby resign as
	(Title)
MAHOGANY ROOFING INC.	
	me of Corporation)
P20000053600	, 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