P22000049188

(Requestor's Name)				
(Address)				
(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.				

Office Use Only

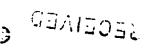


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2024 JUL 17 PH 3: 35

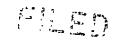
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SHR	AMERICAN PRO ROOFING		
300		(Name of C	orporation)
DOC	UMENT NUMBER: P22000049188		
The o	enclosed Officer/Director Resignati	on for a Corpor	ration and fee are submitted for filing
Pleas	e return all correspondence concer	ning this matter	to the following:
ANTI	INY S CARRELL		
	(Name of Person)		
AME	RICAN PRO ROOFING INC		
	(Name of Firm/Compar	ny)	
206 N	ANCY AVE		
	(Address)	<u> </u>	
PANA	AMA CITY BEACH FL.32413		
	(City/State and Zip Coc	de)	
For fi	urther information concerning this	matter, please c	all:
ANTE	HONY S CARRELL	850	829-1803
	(Name of Person)	(Area	829-1803) Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made pay	yable to the Flo	rida Department of State.
	Mailing Address:		eet Address:
	Amendment Section		nendment Section
	Division of Corporations P.O. Box 6327		vision of Corporations e Centre of Tallahassee
	Tallahassee, FL 32314		15 N. Monroe Street, Suite 810
			llahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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ALFJANDRO NAVAS I,	RMO , hereby resign as	
		(Title)
AMERICAN PRO ROOFING INC		
	me of Corporation)	
P22000049188 (Document Number, if known)		s of the State of
FLORIDA		
9		
	(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