

P42000 012 571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

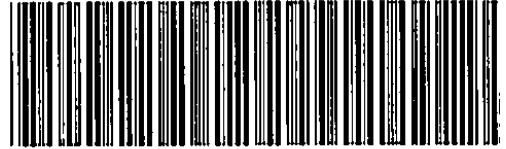
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



20033433846

2019 OCT 20 AM 11:24

R WHITE

OCT 04 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERON ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P 92 000012571

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

Please return all correspondence concerning this matter to the following:

HALINA SLEDZ
(Name of Person)

AMERON ENTERPRISES, INC.
(Name of Firm/Company)

1220 SNOWBELL PL
(Address)

WELLINGTON, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

HALINA SLEDZ at (561) 596-9727
(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**

Robert Sledz

Director

I, _____, hereby resign as _____
(Title)

Ameron Enterprises, Inc.

of _____
(Name of Corporation)

P92 0000 12571 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

2019 SEP 20 AM 11:24

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314