(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



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03/13/07--01019--016 **35.00

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: LINDER ROOFING, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: P93000031022
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
JOI	HN J. LINDER
	(Name of Person)
LIN	DER ROOFING, INC.
	(Name of Firm/Company)
128	88 BAY HARBOR DRIVE, UNIT 103
_	(Address)
PAI	LM HARBOR, FL 34685
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
JOH	IN J. LINDER at (727) 458-6804 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifto 2661	Mailing Address: Independent Section Independent

CR2E044(08/05)



OFFICER / DIRECTOR RESIGNATION PM 13 PM 12: 40

, hereby resign as OFFICER/DIRECTOR	
(Title)	
on)	
, a corporation organized under the laws of the State of	
-	

(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