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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP		MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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05/02/05--01019--007 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

KOOFING & Insulation Conpora (Name of Corporation) SUBJEC 100031198 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

ISAIAS Jel So (Name of Person)

ISAACS KOOFING & Insulation (Name of Firm/Company) Conporation

NW 157 Place (Address)

Mani, Fl 33127 (City/State and Zip Code)

For further information concerning this matter, please call:

alas lel <u>ر مک '</u> at (<u>305</u>) 576 - 7411 (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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Edward A. Rosas, hereby resign as Director Vice President of ESAACS ROOFING & Insulation Corporation, -(Name of Corporation) , 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