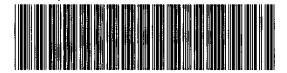
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Office Use Only



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COVER LETTER

SUBJECT: Statewide Ap	opliance, Inc. (Name of Corporation)
DOCUMENT NUMBER:	D04000044550
The enclosed Officer/Direct	tor Resignation for a Corporation and fee are submitted for filing
Please return all correspond	ence concerning this matter to the following:
Frank W. Wallace	
(Nam	e of Person)
Statewide Appliance, Inc	C.
(Name of	Firm/Company)
417 18th Ave.	
(Ã	Address)
Indian Rocks Beach, FL	33785
(City/Stat	e and Zip Code)
For further information con-	cerning this matter, please call:
Frank W. Wallace	at (813) 310-9676 (Area Code & Daytime Telephone Number)
(Name of Per	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35	.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Mark Klein	, hereby resign as Director		
',	, necesy resign as	(Title)	
of Statewide Appliance, Inc.			
	of Corporation)	· · · · · · · · · · · · · · · · · · ·	
P94000044550	, 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