## 296000018/452

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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03 JUN-6 PM 2: 05
ALLAHASSEE, FI ORIGINA

(10/03

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Q 4 M DRYWALL SORRYING INC. (Name of Corporation)
DOCUMENT NUMBER: 96 0000 81452
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael 19thero (Name of Person)
(Name of Firm/Company) Tre
111.35 138 AVE (Address)
Fellsmere, fl. 32948 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Lathers at (772) 571.8163 (Name of Person) at (772) 671.8163 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 03 JUN-6 PM 2: 05

TALLAHASSEE, FLORIDA

I,	TRAVIS SCENT, hereby resign as TREGSURGE (Title)
of_	Cam Defwall Spenting, Inc., (Name of Corporation),
P	960008/452, a corporation organized under the laws of the State of (Document Number, if known)
	Flueide.
	June Sent (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