## Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) □ Walk in Pick up time Certified Copy Will wait Certificate of Status Photocopy Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R/A., Officer/ Director Limited Liability Change of Registered Agent --Domestication Dissolution/Withdrawal 97 JUN 20 PH 3: 23 Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

Florida Department of State, Sandra B. Mortham, Secretary of State

## **OFFICER / DIRECTOR RESIGNATION**

of Gumanteed Home Services IM. SBA DN THE For (Name of Corporation)

a corporation organized under the laws of the State of Top in A

(Signature) of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314