| P97000  | 088  | 59   |
|---|--|--|
| Address  Naples Slai 34/1  City/State/Zip Phone #           | 7 20   | 000033822121<br>-09/05/0001132004<br>****157.50 *****35.00 |
|   | om   | ice Use Only   |
| CORPORATION NAME(S) & DOCUM                                 | ENT NUMBER(S), (if kno   | own):  |
| 1   |  |  |
| (Corporation Name)  | (Document #)   | ECRET<br>ECRET   |
| 2. (Corporation Name)                                       | (Document #)   |  |
| (Corporation Name)  | (Document #)   | PH 2:54 PF STATE EFFLORIDA                                 |
| 4. (Corporation Name)                                       | (Document #)   | <u> </u>   |
| Walk in Pick up time  |  | Certified Copy   |
| Mail out Will wait  |  | Certificate of Status                                      |
| NEW FILINGS   | AMENDMENTS   | -  |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger | Officer/Director   |
| OTHER FILINGS   | REGISTRATION/QUA   | LIFICATION   |
| ☐ Annual Report ☐ Fictitious Name                           | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark                  | -  |
|   | ☐ Other  | T. LEWIS SEP 1 3 2000                                      |
|   |  | Examiner's Initials  |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## OFFICER / DIRECTOR RESIGNATION



| I, Julie Tipton, hereby resign as PRESIDENT (Title)                              |
|--|
|  |
| of Diversified Elevator Conporation (Name of Corporation)                        |
| a corporation organized under the laws of the State of FLORIDA                   |
| and affirm that the corporation has been notified in writing of the resignation. |
|  |

nture of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314