

P97000053551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

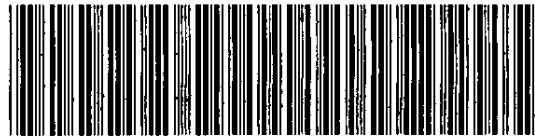
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000130895290

06/06/08--01025--017 **35.00

FILED
08 JUN -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Old Resign.

06/10/08

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Absolute Plastering, Inc
(Name of Corporation)

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:

Michael Furlong
(Name of Person)

Absolute Plastering, Inc
(Name of Firm/Company)

6418 Pine Cone Ct.
(Address)

Ft, Myers FL 33912
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Furlong at (239) 274-3660
(Name of Person) (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 Circle
Tallahassee, FL 32301

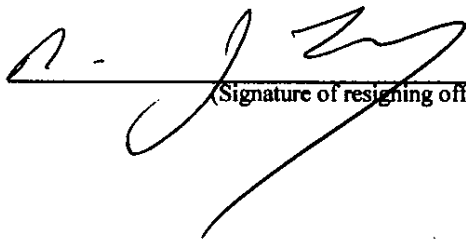
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Furlong, hereby resign as President
(Title)

of Absolute Plastering, Inc.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

FILED
08 JUN - 6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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