## P98000006642

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
ALLAHASSEF, FI DOING

## **COVER LETTER**

and a company inc	
SUBJECT: Roofs BY CHERRY, INC. (Name of Corporation)	
DOCUMENT NUMBER: P986000 6642	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
VINCENT CHERRY (Name of Person)	
Roops By CHERRY, INC. (Name of Firm/Company)	
3901 SW YO TH NOC. (Address)	<b>6 6</b>
How Man Reserved Brand Zip Code)  ARRY (City/State and Zip Code)	FILE
For further information concerning this matter, please call:	至四
VINCENT OHERS  (Name of Person)  at (957) 963 - 2741 SET (Area Code & Daytime Telephone Number)	= D

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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOHN	CHERRY	, hereby resign	as	PRS (Title)	• ———
of Roofs	BY CH	LARY,	INC.		_,
P98000066 (Document Number,	42 a corr		under the laws of t	he State of	
PloxIDA	•				
				06 JUN -2 SECRETARY VLLAHASSE	
W	(Signature o	of resigning officer/di	rector)	AHII: I. OF STAT E. FLORI	ED

## 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