

P 98000 077317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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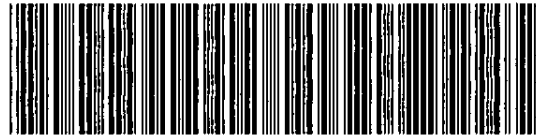
(Business Entity Name)

(Document Number)

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FILED

2D
11/16/09
2

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Absolute Painting of South Fl Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000077317

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

~~Donald~~ ~~Donald~~ Michael Skaryd
(Name of Person)

A Absolute Painting of S. Fl Inc.
(Name of Firm/Company)

1925 SW Bellevue Ave
(Address)

Port St Lucie FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Skaryd at (772) 344-5000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Daniel Erdocio, hereby resign as Treasurer
(Title)

of A Absolute Painting of S. Fl.
(Name of Corporation)

P98000077317, a corporation organized under the laws of the State of
(Document Number, if known)

Fl

Daniel Erdocio
(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

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