## P99000017560

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
,				
·		,		

Office Use Only



500134585135

08/21/08--01021--013 \*\*35.00

SECRETARY OF STATE DIVISION OF SOMEONATION

DD/R85/08

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: KIMBERLY M. HOUSTON ROOFING, INC.  (Name of Corporation)
DOC	UMENT NUMBER: P99000017560
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
KIM	BERLY M. HOUSTON
	(Name of Person)
KIM	BERLY M. HOUSTON ROOFING, INC.O
-	(Name of Firm/Company)
ΡO	BOX 105
	(Address)
BR	CEVILLE, FL 32009-0105
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
KIM	BERLY M. HOUSTON at ( 904 ) 879-3226
	(Name of Person) at ( 904 ) 879-3226 (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L SAMUEL L. HOUSTON	, hereby resign as	DIRECTOR & VICE PRESID	
	,	(Title)	
of KIMBERLY M. HOUSTON RO	OOFING, INC.		
	e of Corporation)	· · · · · · · · · · · · · · · · · · ·	
P99000017560	, a corporation organized under the laws of the State of		
(Document Number, if known)			
FLORIDA	<u> </u>		

(Signature of resigning officer/director)

SECRETARY OF SAME SECRETARY OF SAME OB AUG 21 PM 1: 50

## 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