P99000059500

| (Requestor's Name) |
|-----------------------------------------|
| • |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| · — |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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Of Rosign

C.COULLIETTE

DEG 0 8 2009

EXAMINER

TO: Amendment Section Division of Corporations

COVER LETTER

| | (Nam | e of Corpo | ration) |
|-------------------------------------|------------------|--------------|------------------------------------------|
| DOCUMENT NUMBER: P9 | 9000059500 | ···· | |
| The enclosed Officer/Director Res | signation for a | Corporatio | n and fee are submitted for fill |
| Please return all correspondence of | concerning this | matter to t | he following: |
| Patrick Murrell | | | • |
| (Name of Pe | raon) | | - |
| Restoration Concepts Service | is, Inc. | | |
| (Name of Firm/C | Сотрапу) | | • |
| 5805 Anderson Ln. | | | |
| (Address | 1) | | - |
| Milton, FL 32570 | | | |
| (City/State and 2 | Zip Code) | | • |
| For further information concerning | g this matter, p | ease call: | |
| Patrick Murrell | at (| 850 | 748-9481 e & Daytime Telephone Number |
| (Name of Person) | | (Area Cod | e & Daytime Telephone Number |

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

CR2B044(01/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Patrick Murell | hereby resign as President | | |
|---------------------------------------------|--------------------------------------------------------|--|--|
| | (Title) | | |
| of Restoration Concepts Services | , inc. | | |
| (Name o | (Corporation) | | |
| P99000059500 (Document Number, if known) | a corporation organized under the laws of the State of | | |
| Florida | · | | |
| Hald. | gnature 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