P99000063181

(Re	equestor's Name)	
(Ac	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Old Resign 10/11/05 DC

COVER LETTER

SUBJECT: F) // Florida Painting Services, FNC (Name of Corporation)
DOCUMENT NUMBER: 79900063181
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Gary Johnson (Name of Person)
All Florida Painting Services, INC (Name of Firm/Company)
452 Linijeisitu Blud #1 (Address)
Daytona Beach FL 32118 (City/State and Zip Code)
For further information concerning this matter, please call:
Garu Johnson at (386) 334-5301 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Gary Johnson	, hereby resign as PresideN7 (Title)	 -
of All Florida Paint	of Corporation)	 7
(Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	_•	
X (s	ignature of designing officer/director)	SECRETARY SECRETARY

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