

P99000064199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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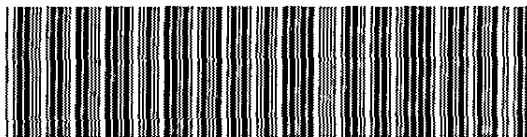
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P & S VERTICAL BLINDS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000064199

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ALDAGISA VALERA

(Name of Person)

P & S VERTICAL BLINDS, INC.

(Name of Firm/Company)

13814 NW 7TH AVENUE

(Address)

MIAMI, FL 33168-2906

(City/State and Zip Code)

For further information concerning this matter, please call:

ALDAGISA VALERA

(Name of Person)

at (305) 687-0029

(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

REC-1
OCT -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PEDRO V. VALERA, hereby resign as PRESIDENT
(Title)

of P & S VERTICAL BLINDS, INC.
(Name of Corporation)

P99000064199, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 9-29-07
(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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TALLAHASSEE, FLORIDA