

P99000076020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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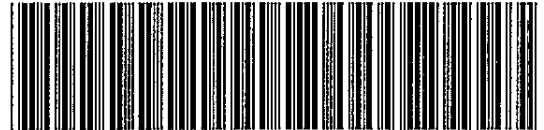
(Business Entity Name)

(Document Number)

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05 FEB 24 PM 4:00  
CLERK OF STATE  
ALLAHASSEE, FLORIDA

Ps 3/1/05  
2/10/05

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Turnkey Specialties Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000076020  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Barbara A. Ferraro  
\_\_\_\_\_  
(Name of Person)

Turnkey Specialties Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

592 Biscayne Lane  
\_\_\_\_\_  
(Address)

Sebastian, Fl. 32958  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara A. Ferraro at ( 772 ) 388-2120  
\_\_\_\_\_  
(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**

**FILED**

05 FEB 24 PM 4:00


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Julian P. Ferraro, hereby resign as President  
(Title)

of Turnkey Specialities Inc  
(Name of Corporation)

P99000076020, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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