

P99000093811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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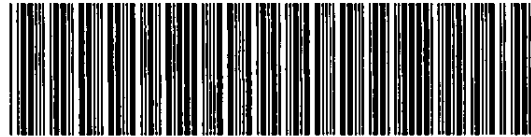
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TO: Amendment Section
Division of Corporations

SUBJECT: APRICOT OFFICE INTERIORS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000093811

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

Please return all correspondence concerning this matter to the following:

C. MARIE BREVITT-SCHOOP, ESQUIRE

(Name of Person)

C. MARIE BREVITT-SCHOOP, P.A.

(Name of Firm/Company)

20401 NW 2ND AVENUE, SUITE 220

(Address)

MIAMI, FLORIDA 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

C. MARIE BREVITT-SCHOOP, ESQ at (305) 653-6959
(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GREGORY A. SILVERA, hereby resign as VPD
(Title)

of APRICOT OFFICE INTERIORS, INC
(Name of Corporation)

P99000093811, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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