

P990000 99153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

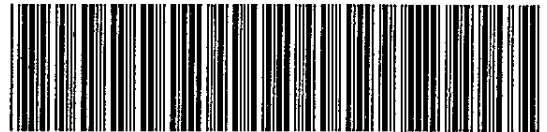
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800043593548

12/29/04--01013--006 \*\*35.00

FILED  
04 DEC 29 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

old Res  
1/6/05

①

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLOS IN FLORIDA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P 99 0600 99153

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

Please return all correspondence concerning this matter to the following:

HORST FLOS  
(Name of Person)

FLOS IN FLORIDA INC  
(Name of Firm/Company)

P.O. Box 531694  
(Address)

ST. PETERSBURG, FL 33747  
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER MATTHIJSSEN at ( 727 ) 251-2545  
(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**

I, PETER MATTHIESSEN, hereby resign as DMV  
(Title)

of FLOS IN FLORIDA INC  
(Name of Corporation)

P 99000099153, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
04 DEC 29 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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