## P99000105291

(Requestor's Name)	
(Address)	ı
(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

OD | Res



200079312052

09/08/06--01017--022 \*\*35.00

OF SED -8 PH 12: 42

## **COVER LETTER**

TO:	Amendment Division of	Section Corporations					
SUBJ	IECT:	Interior	Associates			lle, Ind	c
			(Name o	of Cor	poration)		
DOC	UMENT NUI	<b>МВЕ</b> R:	P99000105	297			·
The e	nclosed Office	r/Director Res	signation for a Co	rporat	ion and fee a	re submitted	d for filing
Please	e return all cor	respondence c	oncerning this ma	itter to	the followir	ıg:	
Pau.	l Gollner	(Name of Pe	rson)		<del></del>		
Inte	erior Ass	ociates o Name of Firm/C	f Gainesvil Company)	<u>le,</u>	Inc.		
352	l SW 42nd	Avenue (Address	)		<del></del>		
Gai		FL 3260					
	(0	City/State and Z	Cip Code)				
For fu	rther informat	ion concerning	g this matter, plea	se cal	<b>l</b> :		
Pau	l Gollner (Nam	ne of Person)	at ( <u>3</u>	52 rea C	271-8 ode & Daytim	930 e Telephone	Number)
Enclos	sed is a check	for \$35.00 ma	de payable to the	Florid	la Departmen	t of State.	
Ameno Division Cliftor 2661 E	Address: dment Section on of Corporat n Building Executive Cent assee, FL 323	ions er Circle 01	Mailing Addr Amendment So Division of Co Post Office Bo Tallahassee, Fl	rporat x 632	tions 7		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,Sharon Adair	, hereby resign as(Title)	
~ <del></del>	of Gainesville, Inc.	
P99000105297 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	Signature of resigning officer/director) haron Adair	10

## 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