## S85618

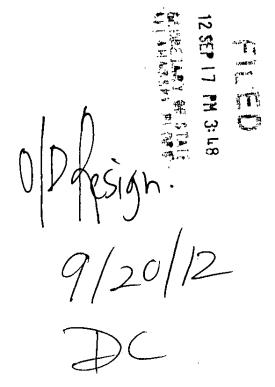
(Requestor's Name)	)
(Address)	
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(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: KING'S PLUMBING	S SERVICE, INC (Name of Corporation)
DOCUMENT NUMBER:S85	5618
The enclosed Officer/Director Resi	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
ARIEL BARIAS	
(Name of Per	rson)
KING'S PLUMBING SERVICE	, INC
(Name of Firm/C	ompany)
14050 NW 6 CT	
(Address)	)
NORTH MIAMI, FL 33168	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
ARIEL BARIAS	at ( 786 ) 251-4297
(Name of Person)	at ( 786 ) 251-4297  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ARIEL BARIAS	, hereby resign asTREASURE	
	(Title)	
of KING'S PLUMBING SERVICE,	INC. Corporation)	
S85618 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		
Anie (Sig	pattere of resigning officer/director)	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314