· P0900070391

(Red	questor'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



800241490178

11/26/12--01008--004 **35.00



NOV 2 7 2012

C. MUSTAIN

TRANSMITTAL LETTER

SUBJECT: The Damage Room (Or) (Name of Corporation)
DOCUMENT NUMBER: <u>PO 90000 7039 1</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Nicolac B. Canjea (Name of Person)
The Damage Room Corp (Nambof Firm/Company)
2920 Hannah Aug East vorgiton (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Nich Can of Person) at (850) 324 924) (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Nicolae B Canjea.	hereby resign as POSi don't
7	(Title)
of The Damage Room (Name of Corporation	Corp.
α	ation organized under the laws of the State of
Florida.	TE NOV 28
	28
	PHID:
Mich Cans	Signing 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