(Requestors	Name)				
(Address)	······································				
(Address)					
(City/State/Z	p/Phone #)				
PICK-UP W	/AIT MAIL				
(Business E	ntity Name)				
(Document)	Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Off	icer:				
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T. BROWN

Hiateah FL 33012-2936 T (305) 557-5133 F (305) 824-1097 www.sabadellunited.com

Sabadell United Bank

June 19, 2013

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

RE: CY'S LINEN SERVICE, INC.

DOCUMENT #243161·

Gentlemen:

Enclosed is Sabadell United Bank check No. 007875, payable to Florida Department of State, in the amount of \$70.00 covering the filing fees of the below listed resignations:

Arlene Feldman as Secretary of Cy's Linen Service, Inc. Edward S. Feldman, as Vice President of Cy's Linen Service, Inc.

Thank you for your attention to this matter.

Sincerely,

Executive Assistant

Commercial Loan Department

Sabadell United Bank 1751 West 49th ST Hialeah, FL 33012

.../gc

Enclosures

TRANSMITTAL LETTER

SUBJECT: Cy's LINEN SERVICE, INC. (Name of Corporation)
DOCUMENT NUMBER: 243161
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK G, Feldman (Name of Person)
Cy's LINEN SPRUTICE, INC. (Name of Firm/Company)
510 WEST 28 STREET (Address)
HTHIEAH FI 33010 (City/State and Zip Code)
For further information concerning this matter, please call:
MARK G, Feldman at (305) 889-9441 (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 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

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



Ι, _	EDWARO) S ,	FELOMAN	, hereby resign as_	VICE	PRESIDENT	
						(Title)	
of_	Cy's	LINE	1 SPRVIC	e, Inc.			_,
of Cy's LINEN SPRVICE, Inc. (Name of Corporation)							
	24	316 Number, if kn		poration organized und	der the law	s of the State of	
	(Document)	vuiiibei, ii kii	OWII)				
£	TORIPA		· · · · · · · · · · · · · · · ·				

(Signature of resigning 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