## P0000009184

(	Requestor's Name)		
(.	Address)		
. (	Address)		
(1	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
- (	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	·		
	m.		

Office Use Only



100119646801

03/07/08--01009--025 \*\*35.00



8/1/8 8/1/8

## **COVER LETTER**

SUBJECT: SOBY HANAGEMENT SERVICES, INC (Name of Corporation)  DOCUMENT NUMBER: Pooooooo 4184
(Name of Corporation)
DOCUMENT NUMBER: 10000000 4/84
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BLANCA OROZCO (Name of Person)
SOBY MANAGEMENT SERVICES, INC. (Name of Firm/Company)
15604 N, W, 370W, (Address)
(Address)
HIAMI GARDENS, FL, 33054 (City/State and Zip/Code)
For further information concerning this matter, please call:
BLANCA OROZCO at (786) 262 1670 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SALUADOR OROZCO	, hereby resign as_	PRESIDER	IT
		(Title)	
of <u>SOBY MANAGENE</u> (Name of C			,
(Document Number, if known), a	corporation organized un	der the laws of the State	e of
FLORIDA.			
Sal(Signa	g ca	tor)	<b>98</b>
			### -7
FIL	ING FEE IS \$35.00		<b>≩</b> d

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

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