## P00000000004184

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DIVISION OF CORPORATION

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## **COVER LETTER**

Division of Corporations
SUBJECT: SCBY MANAGENENT SERVICES, INC. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JANEI SANTAMARIA. (Name of Person)
SOBY MANAGEMENT SERVICES, INC. (Name of Firm/Company)
15Tood NW 37 AVE (Address)
(Address)
MIANI GARDENS FC. 33054 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) Co 35 488/ (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

CORT WAIL No: 7010 1060 0001 1488 8865

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2011

JANET SANTAMARIA SOBY MANAGEMENT SERVICES INC. 15604 NW 37TH AVE MIAMI GARDENS, FL 33054

SUBJECT: SOBY MANAGEMENT SERVICES INC.

Ref. Number: P0000004184

We have received your document for SOBY MANAGEMENT SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

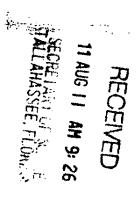
The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 211A00018042



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, FANET SANTANARIAher	reby resign as TREASO.	RER
	(T)	itle)
of SOBY MANAGEMEN	OT SERVICES	Ine.
(Name of Corporation)		
a corporation (Document Number, if known)	n organized under the laws of the	State of
FCOIZITA.		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

11 AIR | PH 3: 29

SECRETARY OF SIATUMES OF CORPORATIONS

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