P03000119048

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200057674292

07/25/05--01049--020 **148.75

05 JUL 25 PH 2: 21
SECRETARY OF STATE
TALLAHASSEF FI OBIGA





TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporation	ns
SUBJ	ECT: Phillips System	s Corp.
		(Name of Corporation)
DOC	UMENT NUMBER:	P03000119048
The er	nclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence	ce concerning this matter to the following:
Harv	ey M. Alper, Esquire	
	(Name o	(Person)
Law	Offices of Harvey M. A	Alper
	(Name of Fir	m/Company)
Post	Office Box 162769	
	(Add	ress)
Altar	monte Springs, Florida	32716-2769
	(City/State a	nd Zip Code)
For fu	rther information concer	ning this matter, please call:
Harve	ey M. Alper, Esquire	at (407 \ 869-0900
	(Name of Person	at (407) 869-0900 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00	made payable to the Florida Department of State.
Amend Division P.O. B	ng Address: dment Section on of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as Secretary		
, notody rosign as	(Title)	
oration)		
, a corporation organized under the laws of the State of		
•		
	oration)	

esigning officer/director)

FILING FEE IS \$35.00

FILING FEE IS \$35.00

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

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

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