PH00007152

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, (Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,





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SECRETARY OF STATE
TALLAHASSEE FIREMAN



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PROFESSIONAR MANAGEMENT CONSULTAL SERVICES IN (Name of Corporation)
DOCUMENT NUMBER: PO4 00000 7/52
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
2-35 2ND Ave S. (Address)
ST Peters Bung, F(3374) (City/State and Zip Code)
For further information concerning this matter, please call:
Robert L. Oshis at (727) 820-055-0 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

CR2E046(08/05)

. . . .

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, Kopfut Cobb (Name of Registered Agent)	
hereby resigns as Registered Agent for PROFESS (OMC MMAGENER) (Name of Corporation)	+ CONSULTING
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	on which
If signing on behalf of an entity:	
·	09 SEC TALL
(Typed or Printed Name)	FILE FEB 26 RETARY O
(Capacity)	PN 1: 21 F STATE FLORIDA

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314