P14 000000361

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

Division of Corporations				
SUBJECT: Q4 SERVICES INC.				
	(Name of Corporation)			
DOCUMENT NUMBER: P14000000361				
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.			
Please return all correspondence concernin	g this matter to the following:			
MONICA M PONDER				
(Name of Person)				
Q4 SERVICES INC.				
(Name of Firm/Company)	····			
1410 N GOLDENROD ROAD				
(Address)				
ORLANDO, FL 32807				
(City/State and Zip Code)				
For further information concerning this mat				
MONICA M PONDER	at (407 382-4000 F	3503 1	γη 	
(Name of Person)	(Area Code & Daytime Telephone Number)	m s	\$	6 L
Enclosed is a check for \$35.00 made payab	at (407 382-4000 (Area Code & Daytime Telephone Number)	18Y 0F	:: BW 12 NUA 120	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		12: 58	
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PRESIDENT/CEO/DIRECTOR hereby resign as
PRESIDENT/CEO/DIRECTOR, hereby resign as(Title)
me of Corporation)
, a corporation organized under the laws of the State of
·
(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