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## TRANSMITTAL LETTER

SUBJECT: CIS he c (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:
Yonne Grant (Name of Person)
Creative Integrated Sensices Inc (Name of Firm/Company)
115 b Brook meadow dure (Address)
Lavalounal, F1, 33811 (City/State and Zip Code)
For further information concerning this matter, please call:
Wonne Grant at (863) S19 82 33 (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
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CIS, Inc 1156 Brook meadow Drive Lakeland, FL 33811

8065 Ridgeglen Circle West Lakeland, FL 33805

To CeeBee Todd

9/10/04

Dear Madam,

I am writing to inform you that as of today I resign as a board member. Please forward me documentation indicating that you have done so and/or show me how I can do so. If there is a financial reason why you cannot take me of your board please let me know and I will pay to have this occur.

Yours Faithfully

Yvorlne Grant CC file

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	yonne	Grant		, hereby re	esign as	DIR	CTO (Title)	<u>r</u>	
of_	Fia	ATTE, CNO	ativo (Name of	htagral	ed ser	n'co	nl		_,
	(Document Numb	er, if known)	_, a corpo	ration organiz	ed under the	e laws of	the State	of	
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	<del></del>		Signature	of resigning of	icer/director)		S ALC	3: 48	138.2

## 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