562697

(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:			

Office Use Only



800163870708

12/30/09--01004--009 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MARSHALL SECU	RITY SERVICES INC.
	(Name of Corporation)
DOCUMENT NUMBER: S62	2697
The enclosed Officer/Director Resi	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
RONALD C BERKE	
(Name of Per	rson)
MARSHALL SECURITY SERV	/ICES INC.
(Name of Firm/C	ompany)
8475 N SPARTAN DRIVE	
(Address)	
CITRUS SPRINGS, FLORIDA	34433-4393
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
RONALD C BERKE	at (352) 465-3139 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section	Mailing Address: Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. RONALD C BERKE	, hereby resign as DVT	
-7		(Title)
of MARSHALL SECURITY SE	ERVICES INC.	
	ame of Corporation)	
S62697 (Document Number, if known)	, a corporation organized under the	e laws of the State of
FLORIDA	·	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

11

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

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

SECRETARY OF STATE

APPROVED AND FILED