P98000073671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

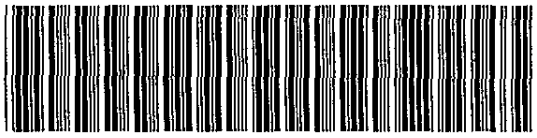
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CIS Inc
(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:

Yvonne Grant-
(Name of Person)

Creative Integrated Services Inc
(Name of Firm/Company)

1156 Brook meadow drive
(Address)

Lakeland, FL, 33811
(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Grant at (863) 519 8233
(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

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

Yvonne Grant
CC file

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Yvonne Grant, hereby resign as Director
(Title)

of ~~[illegible] Inc~~, Creative Integrated Service Inc,
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)

_____.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____
(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