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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations				
SUBJECT: Meami	Dade	Courselin	e Jervices,	Due
DOCUMENT NUMBER: \nearrow	1010000	of Corporation)		

The enclosed Officer/Director Resignation 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)

22605 Sw 184 Ave

(Address)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Angel E. Cutierrezat (786) 299 4170 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TATEORE 22 PARA SSEE PER SORTORIOR

	· ~ ? 0 A /
I, Angel E. Cutierrezhereby resign as VPT.	(Title)
of Manie Dade Courseling Service	
POIOOOO9460, a corporation organized under the laws of	
(Document Number, if known)	

(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