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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOBY MANAGEMENT SERVICES, 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:

JANET SANTAMARIA.
(Name of Person)

SOBY MANAGEMENT SERVICES, INC.
(Name of Firm/Company)

15204 NW 37 AVE
(Address)

MIAMI GARDENS FL. 33054
(City/State and Zip Code)

For further information concerning this matter, please call:

BLANCA OROZCO at (305) 625 4881
(Name of Person) (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

CERT MAIL NO:
7010 1060 0001 1488 8865

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2011

JANET SANTAMARIA
SOBY MANAGEMENT SERVICES INC.
15604 NW 37TH AVE
MIAMI GARDENS, FL 33054

SUBJECT: SOBY MANAGEMENT SERVICES INC.
Ref. Number: P00000004184

We have received your document for SOBY MANAGEMENT SERVICES INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 211A00018042

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, JANET SANTAMARIA, hereby resign as TREASURER
(Title)

of SOBY MANAGEMENT SERVICES INC.
(Name of Corporation)

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

FLORIDA.

_____
(Signature of resigning officer/director)

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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