## 561037

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Off Resign Neuro 4-8-10

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: South Florida Pump Service, Inc. (Name of Corporation)
DOCUMENT NUMBER: 561037
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Virginia Ward Kennard
(Name of Person)
South Florida Pump Service, Inc. (Name of Firm/Company)
P. O. Box 7473
(Address)
Fort Myers FL 33911-7473
(City/State and Zip Code)
For further information concerning this matter, please call:
Virginia Ward Kennard at ( 239 ) 220-6679  (Name of Person) (Area Code & Daytime Telephone Number)
(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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2010 APR -6 A 8: 59
SECRETARY OF STATE
TALLAHASSEF, FLORIS

, hereby resign as (Title)
C. f Corporation)
, a corporation organized under the laws of the State of
Canada 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