## F99000003588

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Comprehensive Assessment Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F99000003588
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherie Reymann
(Name of Person)
(Name of Firm/Company)
7031 Chatum Light Run
(Address)
Bradenton, Florida 34212
(City/State and Zip Code)
For further information concerning this matter, please call:
Sherie Reymann at ( 941 ) 748-9102 (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
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## **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

Sherie Reymann	, hereby resign as Secretary/Treasurer
**	(Title)
of Comprehensive Assessmer	t Services, Inc.
	ne of Corporation)
F9900003588 (Document Number, if known)	, a corporation organized under the laws of the State of
Ohio	·
	(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