

# L07821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

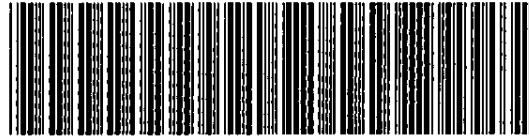
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TALLAHASSEE, FLORIDA

SEP - 6 PM 1:22

**FILED**

*O/D Resign.*

*9/8/11*  
*De*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Payroll Management Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** LO7821

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERIE FUZZELL

(Name of Person)

(Name of Firm/Company)

127 MIRACLE STRIP PKWY STE N7

(Address)

FORT WALTON BEACH, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

Cherie Fuzzell

(Name of Person)

at ( 404 ) 213-7810

(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**

I, CHERIE FUZZELL, hereby resign as Vice President & Director  
(Title)

of PAYROLL MANAGEMENT, INC.  
(Name of Corporation)

LO 7821, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Cherie M. Fuzzell  
(Signature of resigning officer/director)

**FILED**  
**SEP - 6 PM 1:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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