

L53108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

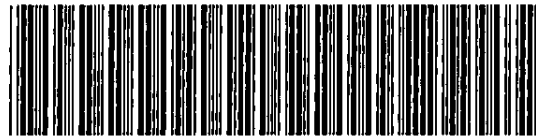
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900095457099

04/03/07--01007--001 **95.00

APPROVED
AND
FILED

07 APR -3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR Rosign
G. Goulietta APR 05 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION, INC
(Name of Corporation)

DOCUMENT NUMBER: L53108

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

Please return all correspondence concerning this matter to the following:

CAROLYN BRADHAM

(Name of Person)

(Name of Firm/Company)

401-B YELVINGTON AVE

(Address)

CLEARWATER FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN BRADHAM

(Name of Person)

at (727) 423-5970

(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

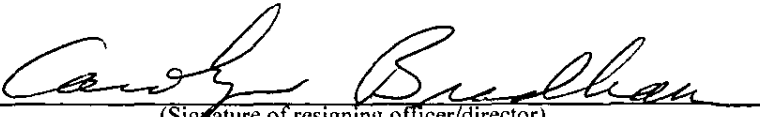
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CAROLYN BRADHAM, hereby resign as DIRECTOR
(Title)

of CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION, INC
(Name of Corporation)

L53108, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

07 APR -3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED