

N13000005641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

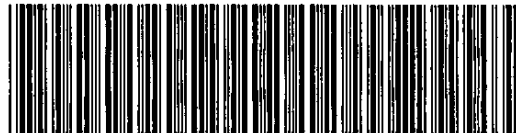
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800250163638

800250163638
08/12/13--01034--003 **35.00

FILED
13 AUG 12 PM 4 27
SECRETARY OF STATE
MAIL ROOM

O/P

Resign.

8/16/13

DL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Creative Solution Child Care Services Inc.
(Name of Corporation)

DOCUMENT NUMBER: N13000005641

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

Please return all correspondence concerning this matter to the following:

Gene Lawson

(Name of Person)

(Name of Firm/Company)

4613 N. University Drive, #334

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles West at (305) 332-8662

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

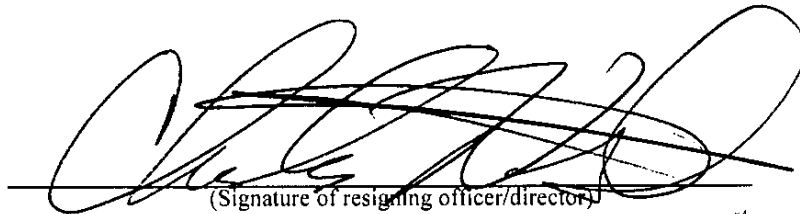
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Charles West, hereby resign as Chairman & Director
(Title)

of Creative Solution Child Care Services Inc.
(Name of Corporation)

N13000005641, 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

FILED
13 AUG 12 PM 10 27
SECRETARY OF STATE
TALLAHASSEE FL 32314