

N96000002006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

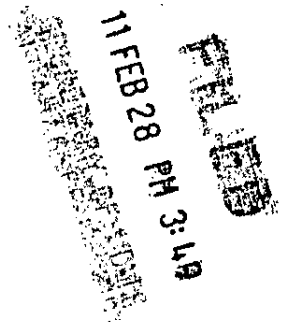
Special Instructions to Filing Officer:

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02/28/11--01039--003 \*\*35.00



O/D Resign.

3/3/11

De

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Association of Temporary Services Organization, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** N96000002006

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

Please return all correspondence concerning this matter to the following:

Chris Mongelluzzi

(Name of Person)

(Name of Firm/Company)

30840 U.S. Hwy 19 North

(Address)

Palm Harbor, FL 33759

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Shepherdson

(Name of Person)

at ( 813 ) 908-0009

(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**

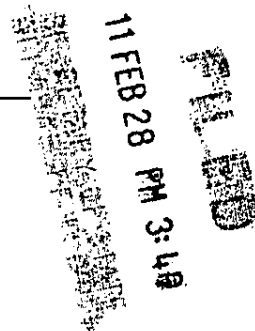
I, Chris Mongelluzzi, hereby resign as D  
(Title)

of Florida Association of Temporary Services Organizations, Inc.  
(Name of Corporation)

N96000002006, 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