## P00000013523

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL AHASSEE, FLORID.

Officer Resign Erin Murphy 12/14/07

## **COVER LETTER**

Division of Corporations	 Y
SUBJECT: CARIBBEAN FILE SERVICES Of South FLA INC (Name of Corporation)	
DOCUMENT NUMBER: 10000013523	!
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	Á
Please return all correspondence concerning this matter to the following:	Ì
Wetle W. toledo (Name of Person)	;i
(Name of Person)  CARIBBEAN LITTLE SERVICES Of South FLA IN (Name of Firm/Company)	10
6187 NW 1675+. HZ3	!
Mi Ami FZ 33015 (City/State and Zip Code)	1
For further information concerning this matter, please call:	
Viete M. toledo at (305) 218 1606 (Name of Person) (Area Code & Daytime Telephone Number)	:
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	1

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PAYSAC. toledo, hereby resign as V. PRESIDEN	1
of CARIBBEAN TITLE SERVICES of South FLORI (Name of Corporation)	da Inc
P60 00 00 13523, a corporation organized under the laws of the State of (Document Number, if known)	a €,
<u>FloridA</u>	1
(Signature of fesigning officer/director)	
SECRETARY OF TALLAHASSEE.	
FILING FEE IS \$35.00	D
Make checks payable to Florida Department of State and mail to:	•

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