P00000027186

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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Officer Reson Eun Murphy 12/18/07

COVER LETTER

Division of Corporations
SUBJECT: DIVERSIFIED PROGRAM SERVICES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P00000027186
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOSE I MORENO
(Name of Person)
LAW OFFICE OF JOSE MORENO
(Name of Firm/Company)
240 NW 76TH DRIVE, SUITE D
(Address)
GAINESVILLE, FL 32607
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSE I MORENO at (352) 332-4422
JOSE I MORENO at (352) 332-4422 (Name of Person) (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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOSE I MORENO	, hereby resign as(Title)	
4,	, necesy tesign as	(Title)
ofDIVERSIFIED PROGRAM SE(Name	RVICES, INC. of Corporation)	,
P0000027186 (Document Number, if known)	_, a corporation organized under the laws	of the State of
FLORIDA		
	Signature of resigning officer/director)	O7 DEC 13 SECRETARY TALLAHASSE
F	FILING FEE IS \$35.00	PH 2: 29 OF STATE FLORIDA

j,

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

Make checks payable to Florida Department of State and mail to: