P000039913

(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

10 to 4



600136207496

09/29/08--01014--018 **35.00

offer

SECRETARY OF STATE ALLAHASSEF, FI OPING

SEP 20 AV C

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SELECT PARTNERS	S, INC.
Sobolic I.	(Name of Corporation)
DOCUMENT NUMBER: P0000	00039913
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
GARY BALANOFF	
(Name of Perso	n)
SELECT PARTNERS, INC.	
(Name of Firm/Con	npany)
1803 EAST BROADWAY	
(Address)	
OVIEDO FL 32,765	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
BETH M. JORDAN (Name of Person)	at (407) 222-4112 (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. ROBIN J KESLER	hereby resign as Director
-,	(Title)
of SELECT PARTNERS, IN	NC.
·	(Name of Corporation)
P0000039913 (Document Number, if known)	, a corporation organized under the laws of the State of
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