

PO1000009381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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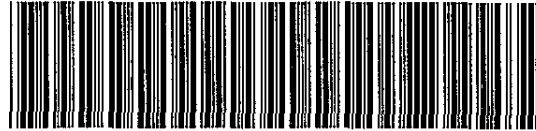
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PC XOOM SYSTEMS, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000009381

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

Please return all correspondence concerning this matter to the following:

MARIA ELENA SOTO

(Name of Person)

(Name of Firm/Company)

156 NW 79 TERRACE

(Address)

MARGATE, FLORIDA 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA ELENA SOTO

(Name of Person)

at ( 954 ) 970-3558 / 786-587-7639.

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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