

PD10000033271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

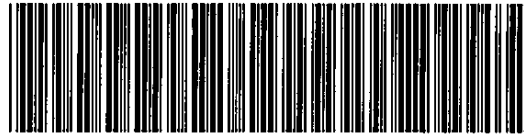
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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NEW VENTURE SERVICES, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P01000033271

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

Please return all correspondence concerning this matter to the following:

ROBERT L. MURPHY  
(Name of Person)

NEW VENTURE SERVICES, INC.  
(Name of Firm/Company)

P.O. BOX 6905  
(Address)

OCALA, FLORIDA 34478  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT L. MURPHY at ( 352 ) 732-9924  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT L. MURPHY, hereby resign as VICE PRESIDENT  
(Title)

of NEW VENTURE SERVICES, INC.  
(Name of Corporation)

P01000033271, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Robert L. Murphy  
(Signature of resigning officer/director)

FILED STATE  
SECRETARY OF CORPORATIONS  
06 OCT -3 PM 4:05

**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