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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

SUBJECT: ELECTRIFIED SERVICE INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: PO1 0000 4 9268
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEORGE T. ARCHER (Name of Person)
ELECTRIFIED SERVICE INC. (Name of Firm/Company)
18455 MIRAMAR PARKWAY # 213 (Address)
MIRAMAR FC 33 029 (City/State and Zip Code)
For further information concerning this matter, please call:
GEORGE ARCHER at (954) 868-4014 (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 409 E. Gaines Street Tallahassee, FL 32399

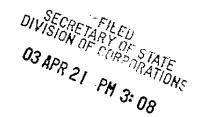
Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



	hereby resign as VILE PRESIDEN (Title) SERVICE , NC.	_1
(N	ame of Corporation)	 /
(Document Number, if known)	, a corporation organized under the laws of the State o	f
FLORIDA	and the second of the second 	

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