P0/000060685

(Requestor's Name) . (Address) (Address)	800091816398		
(City/State/Zip/Phone #)			
(Business Entity Name)	03/09/0701036020 **35.00		
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COVER LETTER

3/2/07

SUBJECT. Posey System	ns Inc
SUBJECT: Posey System	(Name of Corporation)
DOCUMENT NUMBER:_	P01000062685
The enclosed Officer/Director	or Resignation for a Corporation and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
Lilian A. Posey	
(Name	of Person)
(Name of F	Firm/Company)
16124 S.W. 83 Terrace	
(Ac	ddress)
Miami, FL 33193	
(City/State	and Zip Code)
For further information conc	erning this matter, please call:
Lilian A. Posey	at (786) 564-6716
(Name of Pers	

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Date: 3/2/07

		DIRECTOR	
Lilian A. Posey	, hereby resign as_	Secretary, Treasurer, V.P.	,
**	,,g us_	(Title)	
of Posey Systems, Inc.	Companyion		,
(Name of	Corporation)		
P01000062685	a corporation organized un	der the laws of the State of	
(Document Number, if known)			
Florida			
- Pilia (Sig	nature of resigning officer/direct	OT MAR -9 AM IU: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

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