01000077336				
(Requestor's Name) (Address)	700286932437			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	06/27/160:007021 **35.00			
Certified Copies Certificates of Status	FILED 16 JUN 27 PH 3: 28 SECRETARY OF STATE TALLAHASSEL PLOTE			
	olo Risignation JUN 3 0 2016 D CUSHING			

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

EHS MANAGEMENT GROUP OF FLORIDA INC.

SUBJECT:_

(Name of Corporation)

DOCUMENT NUMBER: P0100007336

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

Please return all correspondence concerning this matter to the following:

SCOTT J LEWIS

(Name of Person)

(Name of Firm/Company)

PO BOX 5583

(Address)

SARASOTA FL 34277

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT J LEWIS

(Name of Person)

1 ,809-1990

(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 2661 Executive Center Circle Tallahassee, FL 32301

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ÖFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SCOTT J LEWIS PRESIDENT , hereby resign as (Title) of EHS MANAGEMENT GROUP OF FLORIDA INC. (Name of Corporation) P01000077336 _, a corporation organized under the laws of the State of (Document Number, if known) **FLORIDA** of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:	SEC	16	
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	RETARY OF STATE AHASSEE, SLOPEN	JUH 27 PH 3: 28	