

P010000084523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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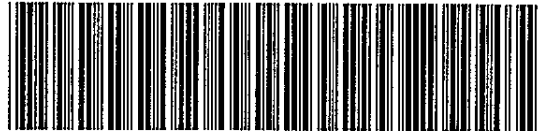
(Business Entity Name)

(Document Number)

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O/D Resign.
Jgm
10/27/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Local Service, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P01000084523

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

Please return all correspondence concerning this matter to the following:

Sam Shehayeb

(Name of Person)

(Name of Firm/Company)

PO Box 1448

(Address)

Palm Harbor, FL 34682

(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Shehayeb

(Name of Person) at (727) 784-3151
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sam Shehayeb, hereby resign as DST
(Title)

of New Local Service, Inc.
(Name of Corporation)

P01000084523, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

03 OCT 21 PM 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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