1000100108

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		Î

Office Use Only



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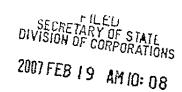
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SECRETARY OF STATE DIVISION OF CORPORATIONS

B 2/4/07 8/DLES.

COVER LETTER

	endment Section ision of Corporations	
SUBJECT	Event Services &	Support, Inc.
		(Name of Corporation)
DOCUME	NT NUMBER: PO	01000100108
The enclose	d Officer/Director Re	signation for a Corporation and fee are submitted for filing.
Please retur	n all correspondence	concerning this matter to the following:
Peter K. S	Smith	
	(Name of P	erson)
	(Name of Firm/	Company
	(Marge of Little	Company)
106 1st L		
	(Addres	(8)
Palm Bea	ach Gardens, FL 33	418
-,	(City/State and	Zip Code)
For further	information concerning	ng this matter, please call:
Daniel W.		at (954) 926-5430 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is	a check for \$35.00 m	nade payable to the Florida Department of State.
Street Add Amendmen Division of Clifton Bui 2661 Execu Tallahassee	t Section Corporations Iding tive Center Circle FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Taliahassee, FL 32314



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Peter K. Smith	, hereby resign asPresident/Director
	(Title)
of Event Services & Support, Inc	
(Nam	e of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida.	
·	(Signature of resigning officer/director)

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