

P01000106900

Requester's Name	
Comprehensive Risk Services 2582 S. Maggiore Rd., Box # 352 Ocoee, FL 34761	
City/State/Zip	Phone #

200005597732--4
-05/22/02--01057--002
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☒ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
MAY 22 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ac 5/28

Florida Department of State
Katherine Harris, Secretary of State

Affidavit of Resignation of Officer and/or Director

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

I, Anne Marie May, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Anne Marie May, hereby resign as Vice President
(Title)

of Comprehensive Risk Services a Florida Corporation:
(Name of Corporation) INC.

That the corporation has been notified in writing of the resignation.

[Signature]
Signature of resigning officer/director

Sworn to and subscribed before me this 15 day of MAY 2002



Pedro Paulo Tosca
Commission # CC981229
Expires Nov. 12, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

[Signature]
NOTARY PUBLIC

My Commission Expires: Nov. 12 '04

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA