

PO2000006172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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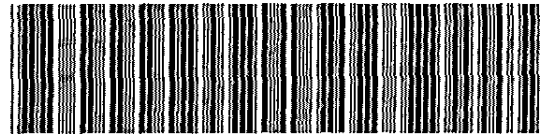
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C T M MULTIPLE SERVICE INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000006172

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

Please return all correspondence concerning this matter to the following:

ALEXANDRA PADILLA
(Name of Person)

C T M MULTIPLE SERVICE INC.
(Name of Firm/Company)

1896 S.W. 166 AVE.
(Address)

MIRAMAR, FL 33027-4486
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRA PADILLA at (954) 347-6534
(Name of Person) (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

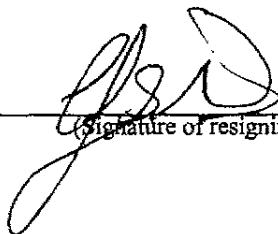
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 OCT 14 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GERARDO CONCAS, hereby resign as V.P. (Title)

of C.T.M. MULTIPLE SERVICE, INC.
(Name of Corporation)

P02000006172, a corporation organized under the laws of the State of
(Document Number, if known)
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