0200001

. (Re	equestor's Name)	
(Ac	ldress)	
	,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	, .
	Office Use Onl	iv.

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COVER LETTER
TO: Amendment Section Division of Corporations
SUBJECT: <u>T& C Business Services Inc.</u> (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
11480 Lumberiack Cir E. (Address)
Jacksonville, FC 32223 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (<u>904</u>) <u>534-6483</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Mailing Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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· • •		OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION				
1, Candiz	Davis		_, hereby resign as_	γρ	+ Treasure	~
of T+C	Brisiness	Servi e of Corporati	ic, dr	C		
(Document N	Jumber, if known)	, a corpo	ration organized un	der the law	s of the State of	
Flo	ridA					

'an (Signature of resigning officer/director)

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06 JUN 21 PM 3:

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