

PO2000125784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

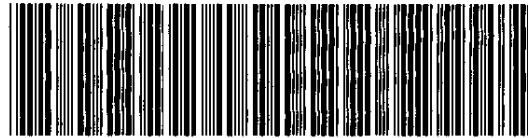
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

07/27/10
7/27/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPE CORAL SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000125784

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

Please return all correspondence concerning this matter to the following:

TORSTEN KRAUL

(Name of Person)

(Name of Firm/Company)

1426 SHELBY PKWY.

(Address)

CAPE CORAL, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

TORSTEN KRAUL at (239) 281-4244
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street 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

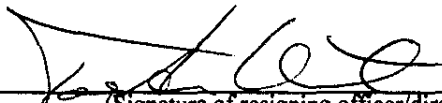
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TORSTEN KRAUL, hereby resign as VICE-PRESIDENT
(Title)

of CAPE CORAL SERVICES, INC.
(Name of Corporation)

P02000125784, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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