PO3000065645

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)	_							
(Document Number)								
Certified Coples Certificates of Status	_							
Special Instructions to Filling Officer:	٦							
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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: CONSISTENT Quality Services corporation (Name of Corporation)
DOCUMENT NUMBER: P0300065645
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Deson Kennedy (Name of Person)
Copysistant Quality Services Corp. (Name of Firm/Company)
4377 laure ridge cir
We stow FC 33331 (City/State and Zip Code)
For further information concerning this matter, please call:
Jason Kenned, at (Q54) 548-7435 (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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Jasow	Keme	herel	oy resign as	Presid	eut/And (Title) por	All other Fions he
of CONS	(Nam	Quality ne of Corporation)	Service	es 1011	pration	<u>`</u> ,
P0300006 (Document Numb	5645 er, if known)	, a corporation o	organized under	the laws of	the State of	
Florida			in a second			
	-///-	(Signature of resigning	g 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