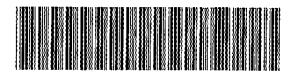
## P03000082349

(Re	equestor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. Roberts MAY 24 3/1/16

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## **COVER LETTER**

SUBJECT: TAX PROFESSIONALS + ACCOUNTING SERVICES (Name of Corporation)
• • • •
DOCUMENT NUMBER: <u>PO 3000082349</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Magra Sietra (Name of Person)
TAX PROFESSIONALS & ACCOUNTING SERVICES (Name of Firm/Company)
4861 W 3RD AVE (Address)
HIALEAH, FL 330/2 (City/State and Zip Code)
For further information concerning this matter, please call:
Mayra Sierra at (305) 785-0952 (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

s, Mayra Sierra	, hereby resign as <u>President</u> (Title)
of Tax ProfessionA	L'S + Accounting Services, Corf. of Corporation)
P03000082349 (Document Number, if known)	, a corporation organized under the laws of the State of
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