## 103000900/4

(Requestor's Name)	
(Address)	<u> </u>
(Address)	:
(City/State/Zip/Phone	: #)
PICK-UP WAIT	MAIL MAIL
(Business Entity Nam	ne)
(Document Number)	<u> </u>
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DELETE MY NAME FROM ALL DOCUMENTS OWNER & R.A. (Name of corporation)
DOCUMENT NUMBER: <u>Pa3000900/4</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OSVALDOV. MEDINA (Name of person)
(Name of firm/company)
4220 SW 99 AUE. (Address)
(Address)
MIAMI E 33/65 (City/state and zip code)
For further information concerning this matter, please call:
OSVALDO MEDINA at (305) 986-3101 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State. That
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FI 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FI 32319

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, OSVALDOV. MED	NA hereby resign as PRESIDENT DIRECTOR	
1	S MANAGEMENT SERVICES, INC	
	, a corporation organized under the laws of the State of , DELETE MY NAME FROM CORF	1
Ala	(Signature of resigning officer/director)	
	SSEE FLO	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314