## P03000130464

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Consideration to Ellis Office	
Special Instructions to Filing Officer:	

Office Use Only



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Other or

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PROFESSIONAL EQUITY INC (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:
Anthry Coleman (Name of Person)
Authory G. Calman In PA (Name of Firm/Company)
3275 W. Hells bozo Blod #207
Deerfuld Beach FL 33442  (City/State and Zip Code)
For further information concerning this matter, please call:
Antly Column at 954 354-2785 (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. Stella Storm, hereby resign as_	Dir	Director (Title)		
	, , , , , , , , , , , , , , , , , , , ,			
of Professional Equity Inc.	·		· · · ·	
(Document Number, if known)  [Document Number, if known)	der the law	s of the Stat	e of	
Florida	•	ALLAH	06 JA	71
Signature of resigning officer/direct	or) 12/2	TARY OF STATE ASSEE, FLORID	1-3 AHII: 53	

## 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