

P040000002596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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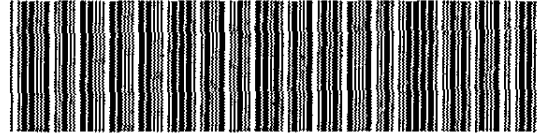
(Business Entity Name)

(Document Number)

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### COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Professional Processing Services of South Florida  
(Name of Corporation)

DOCUMENT NUMBER: P04000002596

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

Please return all correspondence concerning this matter to the following:

MIGNA ARAGUEZ  
(Name of Person)

Professional Processing Services of South Florida.  
(Name of Firm/Company)

5600 SW 135 Ave. #211  
(Address)

Miami, FL. 33183  
(City/State and Zip Code)

For further information concerning this matter, please call:

MIGNA ARAGUEZ at (205) 283-9368  
(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

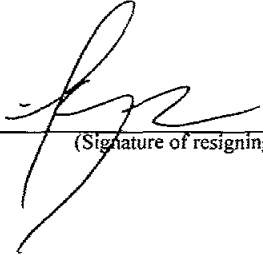
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Manuel D. Araguiez, hereby resign as Vice-President  
(Title)

of Professional Processing Services of South Florida  
(Name of Corporation)

P04000002596, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
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