

PO4000003758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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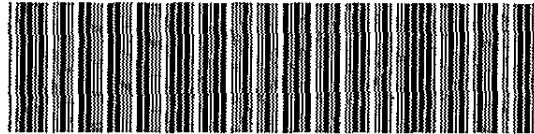
(Business Entity Name)

(Document Number)

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06 AUG -3 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OFF resign

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FINANCIAL INDEPENDENCE SERVICES, CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P0400000 378

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

Please return all correspondence concerning this matter to the following:

JORGE PALMA  
(Name of Person)

FINANCIAL INDEPENDENCE SERVICES, CORP  
(Name of Firm/Company)

575 NW 103 ST  
(Address)

MIAMI, FLA 33150  
(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE PALMA at (305) 751-6707  
(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 FILED  
FOR A CORPORATION**


06 AUG -3 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, AGUSTIN PALMA, hereby resign as OFFICER  
(Title)

of FINANCIAL INDEPENDENCE SERVICES CORP  
(Name of Corporation)

PO 400000 37D, a corporation organized under the laws of the State of  
(Document Number, if known)  
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