

P04000007152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

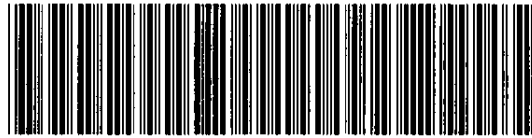
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL MANAGEMENT CONSULTING SERVICES 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:

Robert L. Dobbs  
(Name of Person)

Dobbs Consulting Inc  
(Name of Firm/Company)

235 2nd Ave S  
(Address)

ST PETERSBURG, FL 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L. Dobbs at (727) 270-0530  
(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

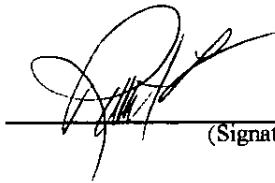
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robert L. Dobbys, hereby resign as OFFICER(S)/DIRECTOR  
(Title)

of PROFESSIONAL MANAGEMENT CONSULTING SERVICES, INC.  
(Name of Corporation)

PO 4000007152  
(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

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**