

PD4000019294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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06 FEB 13 AM 10 00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orlando Chauffeured Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: P04000019294

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. Conley

(Name of Person)

(Name of Firm/Company)

4332 Playa Ct.

(Address)

Orlando , FL 32812

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L. Conley

(Name of Person)

at (407) 467-9679

(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, Michael T. Storms, hereby resign as President
(Title)

of Orlando Chauffeured Services, Inc
(Name of Corporation)

P04000019294, 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

FILED
06 FEB 13 AM 10:00
TALLAHASSEE, FLORIDA