P04000022537

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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│ Special Instructions to Filing Officer: │
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Office Use Only
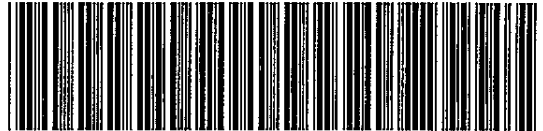
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/01/05--01020--016   **35.00

officer Resignation

T BROWN   AUG - 1 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Contact Services of NW Florida, Inc
(Name of Corporation)

DOCUMENT NUMBER: P04000022537

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

Please return all correspondence concerning this matter to the following:

Daniel R. Cecil

(Name of Person)

Contact Services of NW Florida, Inc.

(Name of Firm/Company)

5 Camelia Street

(Address)

Gulf Breeze, Fl 32561

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel R. Cecil   at (850) 572-5068
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, __Daniel R. Cecil__ , hereby resign as __Director__

_____

(Title)

of __Contact Services of N. W. Florida, Inc__ ,

(Name of Corporation)

__P04000022537__ , 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