

P04000025037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

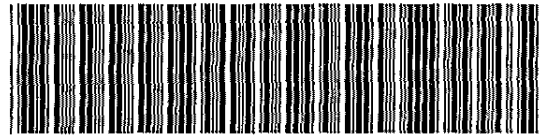
(Business Entity Name)

(Document Number)

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225

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW IMAGE SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000025037

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

Please return all correspondence concerning this matter to the following:

SHAWN SHEPPARD

(Name of Person)

(Name of Firm/Company)

917 DAMRON STREET

(Address)

DAYTONA BEACH, FL 32117

(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWN SHEPPARD

(Name of Person)

at ( 386 ) 679-1806

(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, SHAWN SHEPPARD, hereby resign as VICE-PRESIDENT  
(Title)

of NEW IMAGE SERVICES, INC.  
(Name of Corporation)

P04000025037, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

**FILED**  
05 MAR 31 PM 4:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Shawn Sheppard  
(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