

P04000028707

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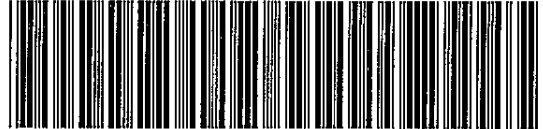
(Business Entity Name)

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04 JUN 29 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 JUN 28 PM 4:50
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*00789, 00721, 00672

OFF Resign
G. O'Connell JUN 29 2004



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June 28, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Strickland Paralegal Inc.

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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<input type="checkbox"/>	Profit
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AMENDMENTS	
<input type="checkbox"/>	Amendment
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<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 29, 2004

UCC Filing & Search Services, Inc.
526 East Park Avenue
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SUBJECT: STRICKLAND PARALEGAL SERVICES, INC.
Ref. Number: P04000028707

We have received your document for STRICKLAND PARALEGAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 004A00042374

RECEIVED
04 JUN 29 PM 4:43
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jeannene Fenuaro, hereby resign as Director
(Title)

of Strickland Paralyz Services, Inc.
(Name of Corporation)

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

Jeannene Fenuaro
(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

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TALLAHASSEE, FLORIDA