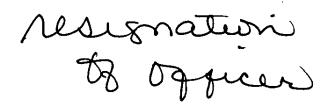
## P6400032320

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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Special Instructions to Filing Officer:		
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10/22/08

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Loe Budget Office	Solutions, Inc.
pografika kultump P04	(Name of Corporation) 4000032320
DOCUMENT NUMBER: Pur	
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Anita Roshan	
(Name of Per	rson)
Loe Budget Office Solutions, I	nc.
(Name of Firm/C	Company)
6832 Broadmoor	
(Address	
North Lauderdale, Florida, 330	068
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
Anita Roshan	at ( 954 ) 729-5942  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2008 OCT 17 PM 12: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Ronald A. Brownlowe	, hereby resign as President/Director
	(Title)
$_{ m of}$ Loe Budget Office Solutions, I	nc.
(Name	of Corporation)
P0400032320 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	•
Bundal &	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