PO4000330 38

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

ł

I.

Office Use Only



03/10/06--01027--008 **35.00

686



COVER LETTER

TO: Amendment Section Division of Corporations

Support Services, Inc. (Name of Corporation) AFE SUBJECT:_ P04000033038 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

CHARLES	P. SPELMAN	
	(Name of Person)	

(Name of Firm/Company)

1923 SE 10TH PLACE (Address)

CAPE CORAL, F-L (City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES P. SPECMAN OR JULE SPELMAN at ((Name of Person) <u>239</u>)<u>458-4082</u> (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.	CHARLES	P. SPFIN	IAN	, hereby resign as	VICE	PRESIDENT	
-, _			· · · · · · · · · · · · · · · · · · ·			(Title)	
of	AFE	SUPPORT	5 JERVIG	ES, INC.			,
• "-	. 	(Name of Corpora	tion)		· · · · · · · ·	
f	~ 040000	22038		oration organized und	lar tha law	ua of the State of	
<u> </u>	040000 (Document Nut	mber, if known)	, a corpo	station organized und	let the lav	vs of the state of	

FLORIDA	
---------	--

.

Charles Solman (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