

P04000044070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

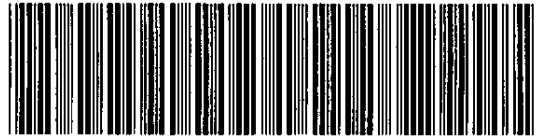
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TALLAHASSEE, FLORIDA

O/D Resign.

09-21-09

Dc

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EMMANUEL'S SERVICES GROUP CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000044070

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

Please return all correspondence concerning this matter to the following:

LARYBETT PIRELA

(Name of Person)

EMMANUEL'S SERVICES GROUP CORP

(Name of Firm/Company)

10280 NW 9TH STREET CIRCLE # 106

(Address)

MIAMI-FLORIDA. 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY PIRELA

(Name of Person)

at ( 305 ) 742-8239

(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, LARYBETT PIRELA, hereby resign as S/T  
(Title)

of EMMANUEL'S SERVICES GROUP, CORP.  
(Name of Corporation)

P04000044070, 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

**FILED**  
**09 SEP 14 PM 12:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**