

P040000084286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

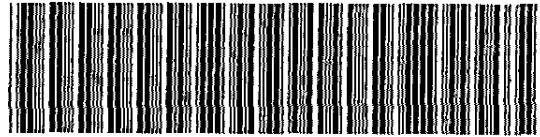
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amber's Protective Services
(Name of Corporation)

DOCUMENT NUMBER: PO4000084286

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

Please return all correspondence concerning this matter to the following:

Tyrone Sandoval
(Name of Person)

Amber's Protective Services
(Name of Firm/Company)

P.O. Box 151537
(Address)

Tampa, FL 33684
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine ASAY at (813) 431-0186
(Name of Person) (Area Code & Daytime Telephone Number)

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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, Christine Asay, hereby resign as Vice President
(Title)

of Amber's Protective Services INC.
(Name of Corporation)

P04000084286, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Christine Asay
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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