

PO400000842860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

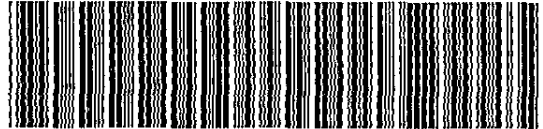
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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o/s/nes

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P04000084286

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

Please return all correspondence concerning this matter to the following:

Christine Asay  
(Name of Person)

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

12017 Running Fox Cr.  
(Address)

Riverview, FL 33569  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tyrone Sandoval at (813) 677-1211  
(Name of Person) (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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 13 PM 1:44

I, Christine ASAY, hereby resign as Secretary  
(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)

**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