

P04000107103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

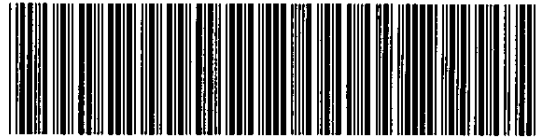
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$350

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EXAVIER'S CONSULTING GROUP, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000107103

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

Please return all correspondence concerning this matter to the following:

CARLINE MAURICE

(Name of Person)

(Name of Firm/Company)

P.O. BOX 610603

(Address)

POMPANO BEACH FL 33061

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLINE MAURICE

(Name of Person)

at (

954

)

695-7100

(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, CARLINE MAURICE, hereby resign as PD  
(Title)

of EXAVIER'S CONSULTING GROUP, INC.  
(Name of Corporation)

P04000107103, a corporation organized under the laws of the State of  
(Document Number, if known)

\_\_\_\_\_

  
\_\_\_\_\_  
(Signature of resigning officer/director)

FILED  
09 MAR 19 PM 2:56  
SECRETARY OF STATE  
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