P04000114224

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	•	•
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2009 APR 15 AH IO: 26
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

off. Presign.

TB: 4-17-09

COVER LETTER

SUBJECT: Precise Booking Services Inc. (Name of Corporation)
DOCUMENT NUMBER: P04000114224
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning and matter to the renowing.
Robert Joyce
(Name of Person)
Joyce Enterprizes of America, Inc.
(Name of Firm/Company)
1900 New Hampshire Street
(Address)
Orlando, FL 32804
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert Joyce at (407) 447-7805 (Name of Person) (Area Code & Daytime Telephone Number)
(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

TO:

Amendment Section Division of Corporations

•	OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ASEC PROPERTY OF STATE OF
l,	FOR A CORPORATION APRIS AMID: 26 JOHN ROMAN, hereby resign as IRCHAURAN (Title)
of	(Name of Corporation) Name of Corporation organized under the laws of the State of (Document Number, if known)
	<u>FC</u> .
	(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