

P04000157199

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TALLAHASSEE, FLORIDA

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off resign
C.COULLETTE

JAN 07 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FEDERAL FAMILY VERIFICATION SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO4000157199

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

Please return all correspondence concerning this matter to the following:

JOHN PEAREN

(Name of Person)

(Name of Firm/Company)

36750 US HWY 19 NORTH

(Address)

PALM HARBOR, FLORIDA, 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (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

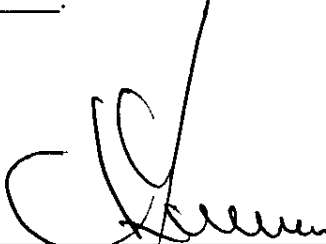
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN PEAREN, hereby resign as CFO
(Title)

of FEDERAL FAMILY VERIFICATION SERVICES, INC.
(Name of Corporation)

PO4000157199, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 12/28/09
(Signature of resigning officer/director)

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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