

P04000170903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

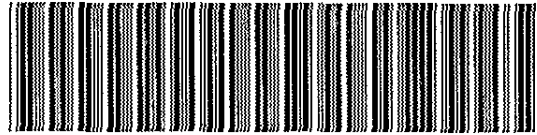
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400082600164

12/18/06--01029--011 **35.00

FILED
06 DEC 18 PM 3:50
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

0002 at
12-12-04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOBE LEGAL SUPPORT INC
(Name of Corporation)

DOCUMENT NUMBER: P04000170903

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

Please return all correspondence concerning this matter to the following:

PABLO RODRIGUEZ
(Name of Person)

DOBE LEGAL SUPPORT INC
(Name of Firm/Company)

6926 Williams Drive
(Address)

TAMPA FL 33634
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCINE SCHUBACH at (813) 243-0298
(Name of Person) (Area Code & Daytime Telephone Number)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANCINE SCHUPBACH, hereby resign as DIRECTOR
(Title)

of DOBE LEGAL SUPPORT INC
(Name of Corporation)

P 04000170903, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Francine Schupbach

(Signature of resigning officer/director)

FILED
06 DEC 18 PM 3:50
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