

POS000057736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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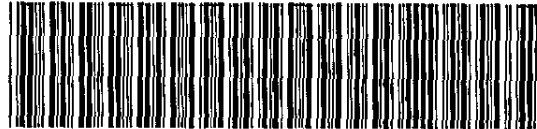
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M.A.M SERVICES OF SF, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000057736

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

Please return all correspondence concerning this matter to the following:

LOPEZ, MARIA

Person)

PROFESSIONAL SOLUTIONS & SERVICES INC
10011 WINDING LAKE RD APT 101
SUNRISE FL 33351

INC. / P.S.S INC
n/Company)

10011 winding lake rd #101

(Address)

Sunrise, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Norka Urribarri

(Name of Person)

at (954) 7095433

(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, LOPEZ, MARIA, hereby resign as Vicepresident
(Title)

of M.A.M SERVICES OF SF, INC.
(Name of Corporation)

P0500057736, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Maria Lopez
(Signature of resigning officer/director)

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SECTION OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314