P0500064102

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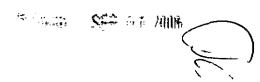
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05 AUG 31 AN II: 12 SECRETARY OF STATE TALLAHASSEE FLORIDA



TRANSMITTAL LETTER

TO: Amendment So Division of Co			
SUBJECT: CDP Pa	yrolls, Inc.		
	(Name of Corpora	tion)
DOCUMENT NUME	BER: P050000641		
The enclosed Officer/I	Director Resignation fo	r a Corporation	and fee are submitted for filing.
Please return all corres	spondence concerning t	this matter to the	e following:
Debbie Altizer			
	(Name of Person)		•
(Na	me of Firm/Company)		
P. O. Box 873			-
	(Address)		
Safety Harbor, FL 3	4695		
(Cit	y/State and Zip Code)	• • •	
For further information	n concerning this matte	r, please call:	
Debbie Altizer		at (727)	791-1395
(Name	of Person)	(Area Code	791-1395 & Daytime Telephone Number)
Enclosed is a check for	: \$35.00 made payable	to the Florida D	epartment of State.
Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns Division 409 E. C	Address: nent Section of Corporations Jaines Street see, FL 32399	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_T Debbie Altizer	, hereby resign as Director			
* ,		(Title)		
of CDP Payrolls, Inc				
(Nar	me of Corporation)			
P05000064102	a corporation organized under the	e laws of the State of		
(Document Number, if known)				
Florida				
Deliona	A alture (Signature of resigning officer/director)	FILED 05 AUG 31 AM II: 12 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