P0500010005

(Re	questor's Name)		ļ
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			



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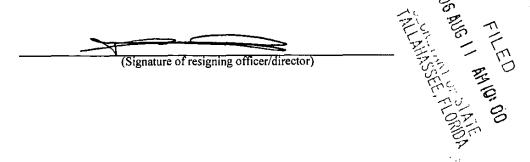
SUBJECT: E.M.P. APPRA	AISALS AND CONSULTING SERVICES, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	P0500007005
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ice concerning this matter to the following:
ANTHONY L. MACKENZI	E JR.
(Name o	of Person)
(Name of Fi	rm/Company)
6985 NW 29TH TERRACI	· <u>=</u>
(Add	dress)
FT. LAUDERDALE, FL 33	309
(City/State a	and Zip Code)
For further information conce.	rning this matter, please call:
ANTHONY L. MACKENZIE	at (954) 695-6646 (Area Code & Daytime Telephone Number)
(Name of Perso	n) (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

, ANTHONY L. MACKENZIE J	, hereby resign as	
^;	(Title)	
of E.M.P. APPRAISALS AND C	CONSULTING SERVICES, INC.	
(Nan	ne of Corporation)	
P0500007005 (Document Number, if known)	, a corporation organized under the laws of the State of	
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