## P05000084812

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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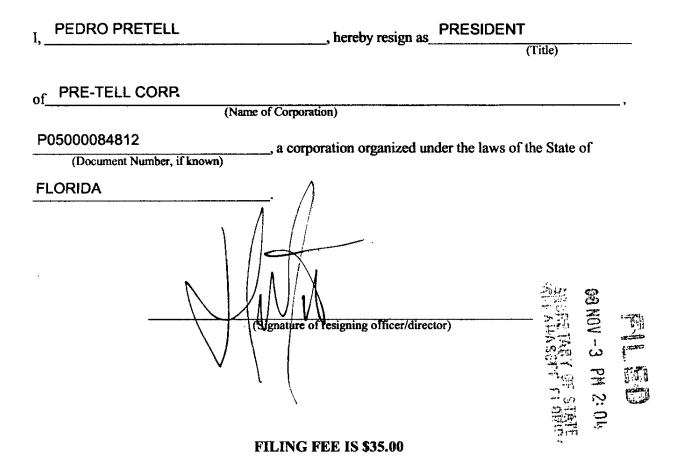
## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PRE-TELL CORP	
	(Name of Corporation)
DOCUMENT NUMBER: PO	5000084812
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
LUISA Y. REYES	
(Name of Pe	erson)
PRE-TELL CORP	
(Name of Firm/	Company)
6649 NW 181TH TERR	
(Address	s)
HIALEAH, FL, 33015	
(City/State and	Zip Code)
For further information concerning	g this matter, please call:
LUISA Y. REYES	at ( 786 ) 554-9240
(Name of Person)	at ( 786 ) 554-9240 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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



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

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