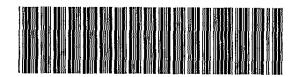


(Re	equestor's Name)	
(Ac	idress)	
(Ad	idress)	
<i>(</i>		
(Cit	ty/State/Zip/Phone	<i>⇒#</i>)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





113/02/06 -- 11003 -- 0114 -- +±75 no

COVER LETTER

Division of Corporations
SUBJECT: CRIME Scene Intervention Inc
DOCUMENT NUMBER: P0500086807
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Stan Buren (Name of Person)
Crime Scene Intervellent W. Inc (Name of Firm/Company)
1260 NE 27 th AVE
Pompano Beach Horida 33062 (City/State and Zip Code)
For further information concerning this matter, please call: Stan Bury at (JS4) 242-9319 (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

TO: Amendment Section

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,Breeh, hereby resign as	DizEction (Title)
of CRIME Scene Intervention, Inc. (Name of Corporation)	· ,
Poscos 1807, a corporation organized under the laws (Document Number, if known)	s of the State of
Florida_	
(Signature of resigning office) director)	OG MAR -2 AH 8: 56 SLORI JARY 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