

POS 00000 91964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

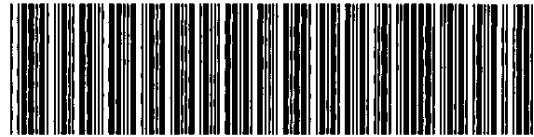
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S. TALLENT

MAY 22 2017

O/D Resign

FILED
17 MAY 11 PM 5:49
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE ADMINISTRATION SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: P05000091964

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

Please return all correspondence concerning this matter to the following:

FABIOLA SANTIAGO

(Name of Person)

PRINCE CPA GROUP

(Name of Firm/Company)

9161 NARCOOSSEE RD. STE 202

(Address)

ORLANDO, FL 32827

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIOLA SANTIAGO at **407 823-8230**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANK PRINCE, hereby resign as DS
(Title)

of CORPORATE ADMINISTRATION SERVICES INC,
(Name of Corporation)

P05000091964, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA