

PD50000 91964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

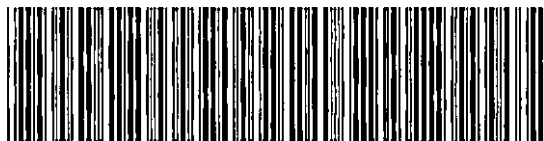
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG 28 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FL

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

CORPORATE ADMINISTRATION SERVICES INC
SUBJECT: _____

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:

Robert M. Kush

(Name of Person)

(Name of Firm/Company)

837 Oak Park Drive

(Address)

Melbourne, Florida 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Kush

321 432-4207

(Name of Person)

at ()
(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:

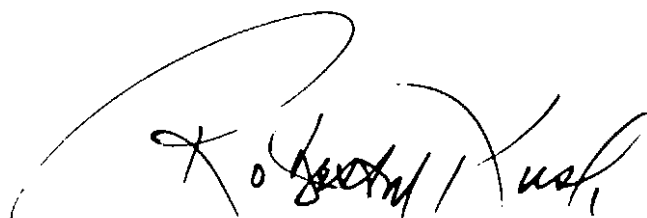
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

Robert M. Kush DVPT
I, _____, hereby resign as _____
(Title)

CORPORATE ADMINISTRATION SERVICES INC
of _____
(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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SECRETARY OF STATE
TALLAHASSEE, FL