## D05000102434

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		





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resignation

02/01/06--01064--007 \*\*35.00

FILLU 06 FEB -1 PH 1: 50 SECRETARY OF STATE TAILANASSEE, FLORIDA

2/6/06

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: PRESSERVE TWO:

(Name of Corporation)

DOCUMENT NUMBER: POSOOOOO 102434

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

LISA FERNANCES

(Name of Person)

XPRESSERVE TWO:

(Name of Firm/Company)

6220 South ORANGE Blossom TRAIL suite 167

Orlando Florish 32809 (City/State and Zip Code)

For further information concerning this matter, please call:

LISA FERNANDES at (407) 876.000 /407.
(Name of Person) (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

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, GEOVANNY SEPULVEDA, hereby resign as President (Title) and of XPRESSERVE INC.

(Name of Corporation)

POTOCOLOGY 434, a corporation organized under the laws of the State of Floring DA

GEONGANT SERVINE SE, Sus.

## 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