

P05000107545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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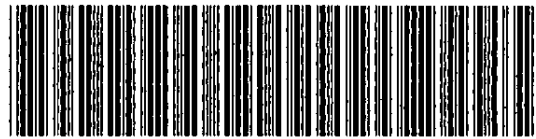
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 8/1/08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Full Bookkeeping Service, Inc  
(Name of Corporation)

DOCUMENT NUMBER: PO5000107545

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

Please return all correspondence concerning this matter to the following:

GUSTAVO Colella  
(Name of Person)

Full Bookkeeping Service, Inc  
(Name of Firm/Company)

22159 Palms Way #203  
(Address)

Boca Raton, FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

GUSTAVO Colella at (561) 715-3966  
(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, GUSTAVO Colella, hereby resign as VP  
(Title)

of Full Bookkeeping Service Inc,  
(Name of Corporation)

P05000107545, 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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