(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400108519354

08/27/07--01039--012 \*\*35.00

## **COVER LETTER**

Division of Corporations
SUBJECT: J. M. Capital Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: P05 000 1299 17
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Angie Garcia (Name of Person)
5M. Capital Services Inc. (Name of Firm/Company)
766 Pike Road (Address)
West Palm Beach FL 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
Angie Garcia at (5761) 296-9494 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Welissa Wesley, hereby resign as <u>Presign</u>	den#
of JM. Capital Services, Inc. (Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
(Document Number, if known), a corporation organized under the laws of	of the State of
Florida	OT AUG 2
9/1	G 27 AH
(Signature of resigning officer/director)	9: 16

## 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