

P05 000135706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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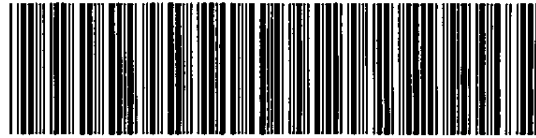
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

8/17/07

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C. MARTIN SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: POS000135706

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW D. PARDY
(Name of Contact Person)

KIM, PARDY & RODRIGUEZ, P.A.
(Firm/Company)

P.O. BOX 3747
(Address)

ORLANDO, FL 32802-3747
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW D. PARDY at 407 481-0066
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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

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

CR2043 (8-01)

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CAPRICE MARTIN, hereby resign as PRESIDENT
(Title)

of C. MARTIN SERVICES, INC.
(Name of Corporation)

P05000135706, a corporation organized under the laws of the State of
(Identification Number, if known)

FLORIDA

Caprice Martin
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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