POSO0148234

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ddress)	·
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700120777677

03/24/08--01016--025 **70.00





COVER LETTER

SUBJECT: PROFENCITY, INC (Name of Corporation) DOCUMENT NUMBER: PO5000148234
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALVEZ BARKOSKIEIII (Name of Person)
N/A
(Name of Firm/Company)
3080 JOE ASHTON RD LOTO (Address)
ST AUGUSTINE, FL 32092 (City/State and Zip Code)
For further information concerning this matter, please call:
Alvez Barkoski'e at (904) 824-5986 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ALVEZ BARKOSKIETT, hereby resign as DIRECT	TOK Title)	<u> </u>	
	i iile)		
of PROFENCITY, INC (Name of Corporation)			 ,
Posoo148234, a corporation organized under the laws of the (Document Number, if known)	ie State	of	
FLORIDA			
•			
Aug Agrantic of resigning officer/director)	JAC.	80	
	THE JARY O	MAR 24	FIEE
FILING FEE IS \$35.00	FLORIBA	MH 9: 23	E D

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314