Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE INC

Account Number : I20170000075

Phone

: (407)381-6137

Fax Number

: (407)381-2307

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN QUILLS LANGUAGE SERVICES, INC.

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Electronic Filing Menu

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Quills Language Services I	Inc
(Name of Corpora	tion)
DOCUMENT NUMBER: P05000150246	·
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
ROBERTO CALDIROLI	
(Name of Person)	
(Name of Firm/Company)	
2630 BORINQUEN DR	
(Address)	•
KISSIMME, FL 34744	
(City/State and Zip Code)	,
For further information concerning this matter, please call:	
at ()	486-4042
(Name of Person) (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
P.O. Box 6327
Tallahassee, FL 32314

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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ɪ,} Maria C Otero	, hereby resign as Vice President (Title)	
_{of} Quills Language Տա		
P05000150246 (Document Number, if known)	of Corporation), a corporation organized under the laws of the State of	
Florida	Signature of resigning officer/director)	
I	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