

P05000161327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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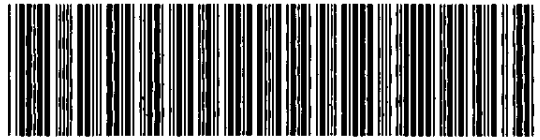
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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*1210*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COMVEST CAPITAL SATELLITE ARMS, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P05000161327

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

Please return all correspondence concerning this matter to the following:

WILLIAM C. LEMKE

(Name of Person)

(Name of Firm/Company)

866 Reef Road

(Address)

Vero Beach, FL 32963

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM C. LEMKE

(Name of Person)

at ( 772 ) 713-5390  
(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

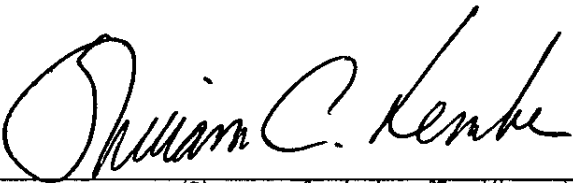
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WILLIAM C. LEMKE, hereby resign as President  
(Title)

of COMVEST CAPITAL SATELLITE ARMS, INC.  
(Name of Corporation)

P05000161327, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)  
**WILLIAM C. LEMKE**

**FILED**  
**07 DEC -6 AM 10:32**  
**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