

PO5000166798

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

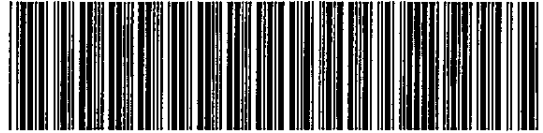
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MORAN PROFESSIONAL SOLUTIONS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO5000166798

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

Please return all correspondence concerning this matter to the following:

JAY MORAN  
(Name of Person)

MORAN PROFESSIONAL SOLUTIONS INC  
(Name of Firm/Company)

12087 SUGAR PINE TRAIL  
(Address)

WELINGTON, FL 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAY MORAN at (561) 721-5830  
(Name of Person) (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, LOU ANN MCDANIEL, hereby resign as SECRETARY  
(Title)

of MORAN PROFESSIONAL SOLUTIONS, INC  
(Name of Corporation)

PC5000166798, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Lou Ann McDaniel  
(Signature of resigning officer/director)

**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

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