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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to Fi | ling Officer: | _ _ |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|----------------------------------|--|
| SUBJ | TECT: North Florida Civil Process Service, Inc |
| 5020 | (Name of Corporation) |
| DOC | UMENT NUMBER: |
| The e | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| Pelv | rin Cebak |
| | (Name of Person) |
| Nort | h Florida Civil Process Service, Inc |
| | (Name of Firm/Company) |
| 995 | 1 Atlantic Blvd |
| | (Address) |
| Jack | rsonville, FL 32225 |
| | (City/State and Zip Code) |
| For fu | orther information concerning this matter, please call: |
| Pelvi | n Cebak at (904) 805-6280 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for \$35.00 made payable to the Florida Department of State. |
| Amen Divisi Clifto 2661 | Mailing Address: Idment Section Idm |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| ĭ | Victoria Gihl | , hereby resign as Pro | hereby resign as President | |
|---------------|------------------------|---|----------------------------|--|
| <u>'</u> ', _ | | , noted y resign as | (Title) | |
| of | North Florida Civil F | | | |
| -2 | | (Name of Corporation) | | |
| | (Document Number, if k | , a corporation organized under | the laws of the State of | |
| Fl | orida | • | | |
| | | | | |
| | | ٦ | | |
| | | (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