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(Re	questor's Name)	
(Address) .		
(Ad	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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SECRETARY OF STATELLAHASSEE, FLORE

Or alsor

COVER LETTER

SUBJECT: EMERGENCY POWER OF SOUTH FLORIDA (Name of Corporation)
DOCUMENT NUMBER: 86-1163521
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
EPIC HCBRIDE (Name of Person)
EMERGENCY POWER OF SOUTH FLORIDA INC. (Name of Firm/Company)
F. O. Box 562811 (Address)
MANI CWRIDA 33256 (City/State and Zip Code)
For further information concerning this matter, please call:
ERIC MCBRIDE at (305) 807-3358 (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ERIC MOBRIDE	hereby resign as DIRECTOR
' C.o.o	(Title)
	PUER OF SOUTH FLORIDA. ne of Corporation)
86-1163521 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIBA	—·
	SECRESS ALLAHA
2 -	28 PI AROUNT SSEE,
Pri	(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