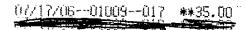
P06000041960

| (Re | equestor's Name) | |
|-------------------------|----------------------|----------------|
| | | |
| (Ac | idress) | |
| | | |
| - /^~ | (dress) | _ _ |
| (Au | utess) | |
| | _ | |
| (Cit | ty/State/Zip/Phone | #) |
| _ | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| | siness Entity Name | 9) |
| (54 | Siliess Elitity (40) | 5) |
| | | |
| (Do | cument Number) | |
| * | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100077512651



SECRETARY OF STATEM.

SECRETARY OF STATEM.

OF JUL 17 PM 3: 33

0 10 Resign.
07/25/06

3/4

Amendment Section

TO:

COVER LETTER

Division of Corporations

MANAGERICA STRUCTURE AND CONTROLLARY

DIVISION OF CORPORATE AND CONTROLLARY

CONTRO

SUBJECT: MANAGENUT SETUNCES OF AMERICA, A KING CORRESTION (Name of Corporation)

DOCUMENT NUMBER: PO6000 41960

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

Please return all correspondence concerning this matter to the following:

ALAN LEVIN
(Name of Person)

KING COMP.
(Name of Firm/Company)

4117 TUSCAMY WAY
(Address)

BOTHTON PHACH FL 3343 T
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (501)364-1054 (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

| Ļ, | AUAN UZVIN hereby resign as PNBS 1 I) VNT (Title) | |
|----|---|--|
| of | MANAGEHENT SERVICES OF AMERICA, A KING CORP. (Name of Corporation) | 8 P. 4970 XI |
| | Polo 000 41960 , a corporation organized under the laws of the State of (Document Number, if known) | |
| _ | FLORINA. | |
| | (Signature of resigning officer/director) | DIVISION OF CORPORATION OF JUL 17 PH 3: 3: |

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