06000042484

•		
(Requestor's Name)		
. (Address)		
,		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP " WAIT MAIL		
(Business Entity Name)		
(Dusiliess Etitly Name)		
_		
(Document Number) .		
Certified Copies <u>Certificates of Status (Status</u>		
Special Instructions to Filing Officer:		
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OCT 29 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GAS UTILITY SERVI	ICES INC
	(Name of Corporation)
DOCUMENT NUMBER: P0600	00042484
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
DAVID STRONG	
(Name of Perso	n)
QUALITY FINANCIAL SERVICE	SINC
(Name of Firm/Con	npany)
209 DUNLAWTON AVE SUITE	14
(Address)	
PORT ORANGE, FL 32127	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
DAVID STRONG	at (386) 761-7855 (Area Code & Daytime Telephone Number)
(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

ANGELA MATTHEWS	, hereby resign as_	President & Treasurer	
	, nereby resign as	(Title)	
GAS UTILITY SERVICES INC			
(Name of C	Corporation)		
P06000042484	_, a corporation organized under the laws of the State of		
(Document Number, if known)			
FLORIDA			

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