

PD6000046838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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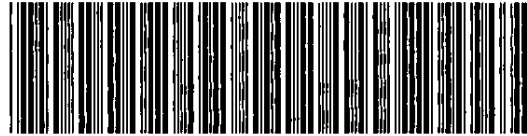
(Business Entity Name)

(Document Number)

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@ 11/30/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional IT Services, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P06000046838

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Gustavo Rincon**

Name of Contact Person

**Professional IT Services, Inc.**

Firm/Company

**5863 S. Rue Road**

Address

**West Palm Beach, FL 33415**

City/State and Zip Code

**wpbguy@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gustavo Rincon**

Name of Contact Person

at ( **561** ) **301-3381**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Georgetta Custer

(Name of Registered Agent)

hereby resigns as Registered Agent for Professional IT Services, Inc.

(Name of Corporation)

P06000046838

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

*Georgetta M. Custer*

(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

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