

P06000 144190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

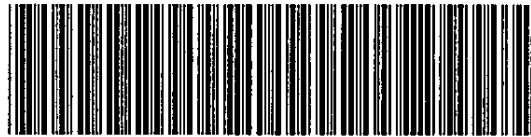
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/D Resign.

/ D. CONNELL JAN 16 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bull's Eye Professional Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 806A00067109

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

Please return all correspondence concerning this matter to the following:

Dontaye L. Hamilton

(Name of Person)

Bull's Eye Professional Services, Inc.

(Name of Firm/Company)

2324 Northwest 6th Court

(Address)

Fort Lauderdale, FL 33311-7742

(City/State and Zip Code)

For further information concerning this matter, please call:

Dontaye Hamilton

(Name of Person)

954 708-5919

(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

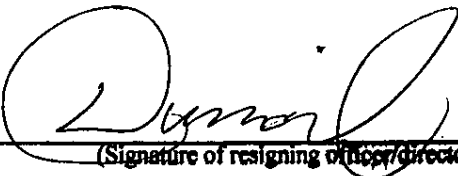
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Mardoche Durand, hereby resign as Secretary  
(Title)

of Bull's Eye Professional Services, Inc.  
(Name of Corporation)

806A00067109, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**07 JAN -9 PM 4:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILED**

**FILED FEE IS \$35.00**

**1000** **payable to Florida Department of State and mail to:**

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