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COVER LETTER

SUBJECT: CUSTOM PROTECTION SERVICES, INC. (Name of Corporation)
DOCUMENT NUMBER: P06000154898
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAZARO MEULENER (Name of Person)
CUSTOM PROTECTION SERVICES, INC (Name of Firm/Company)
6121 S.W. 17 STREET (Address)
MIAMI, FlorId 33155 (City/State and Zip Code)
For further information concerning this matter, please call:
DAVID ANTIA at (305) 525-5653 (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, LAZARO MEULENER, hereby re	esign as PRESIDENT (Title)
of CUSTOM PROTECTION SER	UICES, INC.
PO600015 4898, a corporation organical (Document Number, if known)	nized under the laws of the State of
FLORIDA	· · · · · · · · · · · · · · · · · ·
(Signature of resigning of the	OT FEB 16

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