P07000009214

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Off Resign

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT:_LALY'S SERVICES, INC.
	(Name of Corporation)
DOCU	UMENT NUMBER: P07000009214
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
LAUF	RA DIAZ
·	(Name of Person)
LALY	Y'S SERVICES
	(Name of Firm/Company)
11 N	VALENCIA DR.
	(Address)
DAV	IE, FL. 33324
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
LAUR	RA DIAZ at (954) 452-4459 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Division Clifton 2661 E	Address: dment Section on of Corporations on Building Executive Center Circle assee FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as TREASURER
(Title)
of Corporation)
_, a corporation organized under the laws of the State of
_•
ighature 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