

PO7000009597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

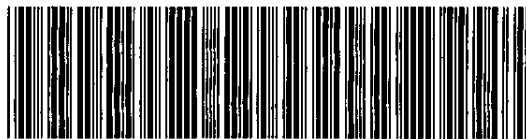
(Document Number)

Certified Copies \_\_\_\_\_

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Special Instructions to Filing Officer:

Office Use Only



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Resignation  
of Officer

03/25/10--01009--007 \*\*35.00

2010 MAR 25 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AR  
3/26/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOBILE DOCUMENT SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000009597

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

Please return all correspondence concerning this matter to the following:

AMANDA L MORSE

(Name of Person)

MOBILE DOCUMENT SERVICES, INC.

(Name of Firm/Company)

3923 SERENADE LANE

(Address)

LAKELAND, FL 33811

(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA L MORSE

(Name of Person)

at ( 863 ) 370-9488

(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, AMANDA L MORSE, hereby resign as SECRETARY/TREASURER  
(Title)

of MOBILE DOCUMENT SERVICES, INC.  
(Name of Corporation)

P07000009597, 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

FILED  
2010 MAR 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA