## P07000012884

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALL AHASSEE FLORIDA

officer Resignation

Office Use Only

9.25

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ROMA PROCESSING SERVICES COMPORATION (Name of Corporation)
DOCUMENT NUMBER: P07000012884
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MARTA SIBILA (Name of Person)
Roma Processing Struices Corporation (Name of Firm/Company)
11801 (DAL314 BLUD (Address)
MIA F/ 33184 (City/State and Zip Code)
For further information concerning this matter, please call:
MARTA SIBILA at (305) 904-0346.  (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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF SECRETARY OF of Roma Processing Services (Name of Corporation) Document Number, if known), a corporation organized under the laws of the State of

## 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