## P070000/3600

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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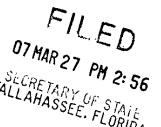
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VOYAGET RELOCATION SERVICES FAC. (Name of Corporation)
DOCUMENT NUMBER: PO 7 0000 13 600
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Arye charad (Name of Person)
VOYGEER (CIOCOTION) SERVICES FOC.  (Name of Firm/Company)
128 Ne 154 AUC (Address)
Hallandale Beach F1 33005 (City/State and Zip Code)
For further information concerning this matter, please call:
Aryc charad at (954) 394 Coll (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



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of V	104 ager	relocation	services	はりて	
		(Name of Corporation	on)		
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	<del></del>	(Signature of r	esigning afficer/directo	r)	

## 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