P07000015689

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| | | |
| (Ad | ldress) | |
| | | |
| · · · · · · · · · · · · · · · · · · · | ldress) | |
| (//0 | iuiess) | |
| | | |
| (Cit | ty/State/Zip/Phone | ÷#) |
| _ | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (R) | siness Entity Nan | 20) |
| (60 | isiness Enery Nan | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| : | | |
| | | |
| | | |
| | | |





400137472214

11/03/08--01053--008 **35.00

08 NOV -3 PM 3: 09
SECRETARY OF STATE
TALLAHASSEE FINER

Of Resign

C.COULLIETTE

NOV 062008

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: 360 DECREE SECURITY CPROCESS SERVING, INC. (Name of Corporation) |
|--|
| DOCUMENT NUMBER: P0700015689 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| ROBERT B. BURANDT (Name of Person) |
| ROOSA, SUTTON BURANDT ADAMSKING TOSSMAN LLP (Name of Firm/Company) |
| 1714 CAPE CORAL PARKWAY E (Address) |
| CAPE CORAL FL 33904 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ROBERT B. BURANOT at (239) 542 -4733 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| BRENDA BURANDT | , hereby resign as DIRECTOR VICE PRESIDENT |
|---|--|
| of <u>360 DECREE SECURIT</u> (Name o | Y PROCESS SERVING, INC. |
| Po 70000 15 68 9 (Document Number, if known) | , a corporation organized under the laws of the State of |
| | SE OR |
| | gnature 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