P07000036481

(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:

Office Use Only



400132436274

07/14/08--01061--003 **35.00

FILED

2008 JUL 14 AM 8: 30

SECRETARY OF STATE

officer Resignation

TB 7/17/05

COVER LETTER

Division of Corporations
SUBJECT: ORTEM TAY FLORISA SURVICUS TWE- (Name of Corporation) DOCUMENT NUMBER: 070003648/
DOCUMENT NUMBER: 1070003648/
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
J-RAZKZ JOHNCEN (Name of Person)
(Name of Person)
ORTUM TAX PRORIDA SURVICIO INC. (Name of Firm/Company)
(Name of Firm/Company)
12197 Combrous ROAD (Address)
(Address)
Pembaouri Pinus R. 33025
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 438-72-00 (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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TASECRETARY AN 8:30

FRATUR SOIT	TO SON	hereby resign as_	PresideNT.
DETEM TAX			(Title)
7	Name of Corporation		
(Document Number, if known)	, a corporat	ion organized un	der the laws of the State of
MORIDA			

(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