## POILLE FOR

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special instructions to Filing Officer:			
,			

Office Use Only

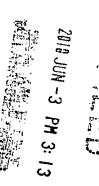
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## **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE	CT: Concord Consulting Group, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: P07000040281
The enc	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	eturn all correspondence concerning this matter to the following:
Rashi	da Biggs
	(Name of Person)
Conco	ord Consulting Group, Inc
	(Name of Firm/Company)
19624	NW 83rd Place
	(Address)
Miami	, Florida 33015
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
Rashid	(Name of Person) at (305 ) 218-4529 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for \$35.00 made payable to the Florida Department of State.
Amendr Division Clifton I 2661 Ex	Mailing Address: ment Section n of Corporations Building Division of Corporations Post Office Box 6327 recutive Center Circle See, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Carol N. Buggs, hereby resign as CE	(Title)
of Concord Consulting Gaup, Inc. (Name of Corporation)	,
P0700040281 , a corporation organized under the laws	of the State of
	20
(Signature of Jesigning officer/director)	2011 JUN -3 PM 3:

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