## P0100019943a

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
	,	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
•	•	••
	- INL I	
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: NORTH Florida Proporty Sorvices, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 70000 99432

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

North Florida Property Services, Inc.
(Name of Firm/Company)

3367 Oak Leaf LN

Middle burg FL 32068
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Wedy at (964) 291-5847 (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

1. Kathryn Deoly	, hereby resign as	(Title)
of North Florida (Name of Corp	200perty	Services, Inc
P070000 99432.acc	orporation organized under the	laws of the State of
Florida		
Jathry (Signatur	re of resigning officer/director)	FILED  09 FEB 23 MI II  SECRETARY OF STALLAHASSEE FLOR
FILIN	G FEE IS \$35.00	SS:

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314