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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Amendment Section Division of Corporations

TO:

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SUBJECT: RED MARTIN PROFESSIONAL SERVICES INC (Name of Corporation)
DOCUMENT NUMBER: Po 70000 99442
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BILL MARTIN (Name of Person)
(Name of Firm/Company)
1106 TROTWOOD BLVD (Address)
WINTER SPRINGS FL 32708 (City/State and Zip Code)
For further information concerning this matter, please call:
Bill MARTIN at (407) 415-9763 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	WILLIAM MARTIN	, hereby resign as
		(Title)
of_	REID MARTIN PR	OFFSSIONAL SERVICES INC
	(Nai	me of Corporation)
Ē	(Document Number, if known)	, a corporation organized under the laws of the State of
(FLORIDA	

(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