

PO7000101263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

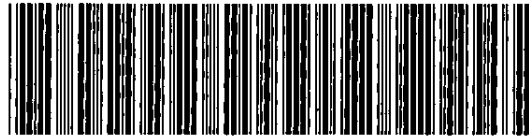
(Business Entity Name)

(Document Number)

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12/12/07--01012--020 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 12 PM 4:05

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Office Resign  
Erin Murphy  
12/13/07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PHS REUNION TRIFECTA INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000101263

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

Please return all correspondence concerning this matter to the following:

ARTHUR LASTRA  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4302 W. SWANN Ave  
(Address)

TAMPA FL 33609  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR LASTRA at (813) 748-2791  
(Name of Person) (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**

I, ARTHUR LASTRA, hereby resign as PRESIDENT  
(Title)

of PHS REUNION TRIFECTA, INC.  
(Name of Corporation)

P07000101263, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Arthur Lastra  
(Signature of resigning officer/director)

07 DEC 12 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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