

✓ P07000106852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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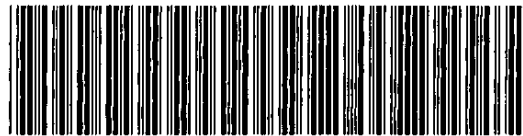
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SE FUGITIVE RECOVERY UNIT CORP
(Name of Corporation)

DOCUMENT NUMBER: P07000106892

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

Please return all correspondence concerning this matter to the following:

ANDREW BARBA

(Name of Person)

SE FUGITIVE RECOVERY UNIT CORP

(Name of Firm/Company)

6819 GUILFORD CREST DRIVE

(Address)

APOLLO BEACH FL 33572

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER KAZMAREK

(Name of Person)

at (813) 900-6216

(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

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DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2007 NOV -8 AM 8:27

I, ANDREW BARBA, hereby resign as OFFICER/DIRECTOR
(Title)

of SE FUGITIVE RECOVERY UNIT CORP,
(Name of Corporation)

P07000106892, a corporation organized under the laws of the State of
(Document Number, if known)

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