

P07000115579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700136194277

09/29/08--01036--005 **35.00

FILED

2008 SEP 29 AM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off
Ref
SG

10-705

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Virtual Offices Inc
(Name of Corporation)

DOCUMENT NUMBER: P07000115579

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

Please return all correspondence concerning this matter to the following:

Chris Suarez

(Name of Person)

Virtual Offices Inc

(Name of Firm/Company)

49 W. Fort Dade Ave.

(Address)

Brooksville, FL 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Suarez

(Name of Person)

at (352) 796-1304

(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

Ch
1003
20
9/26/08

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Christina Suarez, hereby resign as President
(Title)

of Virtual Offices Inc
(Name of Corporation)

P07000115579, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Christina Suarez
(Signature of resigning officer/director)

FILED
2008 SEP 29 AM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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