P07000/21339

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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Off Resign

OCT 1 0 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Miami Tax Services,	Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P070	00121339
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Roberto Nespereira	
(Name of Perso	n)
Miami Tax Services, Inc.	
(Name of Firm/Con	npany)
5993 SW 8 Street	
(Address)	
Miami, FL 33144	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Carolina Perez	at (305) 265-5692 (Area Code & Daytime Telephone Number)
(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

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Maritza Montejo	, hereby resign as President
- 1	(Title)
of _Miami Tax Services, Inc.	······································
(Nam	e of Corporation)
P07000121339	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	 '
M	anha Mah
	(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