## P08000029463

(Ke	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone #	<u></u>
(01)	tyrotaterzipii none ii	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
·	•	•
(Da	ocument Number)	
(LCC	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer	
	,g = v •	
:		
<u> </u>		

Office Use Only



900144388259

Alsignation ob oggicen

03/02/09--01018--022 \*\*35.00

2009 MAR -2 AM 10: 01
SECRETARY OF STATE
TALL AHASSEF, FLORIO

AS 109

## **COVER LETTER**

SUBJECT: DESCUE SYSTEM RESOURCES, RAX.  (Name of Corporation)  DOCUMENT NUMBER: PO8000029463
(Name of Corporation)
DOCUMENT NUMBER: <u>VO800029463</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Pau A. AREURI (Name of Person)
(Name of Person)
RESCUE System RESOURCES, ENC.
(Name of Firm/Company)
SOID KING ARTHUR AVE (Address)
(Address)
DAULE, FLORIDA 33331 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
FAM A. ARCURI at (954) 444-3915
(Name of Person) (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call:  A. Ascuru  (Name of Person)  at (954) 444-3915  (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

## FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2009 MAR -2 AM 10: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, TODD C. NELSON	, hereby resign as VICE PRESIDENT
	(Title)
OF RESCUE SYSTEM RES	
(Name of Corporation	on)
(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