î (	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:

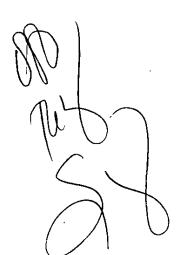
Office Use Only

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Alicia Jacobs	hereby resign as Vice President
	(Title)
of Professional Delivery Syste	· · · · · · · · · · · · · · · · · · ·
(N	ame of Corporation)
P08000030582 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
_Alu	SECRETARY OF SHARE SEE, FLERING Signature of resigning officer/director)  SECRETARY OF SHARE SEE, FLERING SEE

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

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Professional Delivery Systems, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P08000030582
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Harry Jacobs
(Name of Person)
Professional Delivery Systems, Inc.
(Name of Firm/Company)
10332 127th PL
(Address)
Làrgo, FĹ 33773
(City/State and Zip Code)
For further information concerning this matter, please call:
Harry Jacobs at ( 727 ) 403-3263 (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