

PO8000068218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

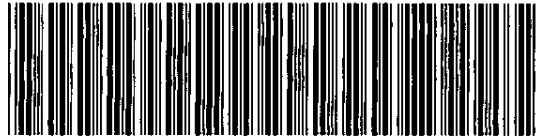
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SK TAX SERVICES
(Name of Corporation)

DOCUMENT NUMBER: P08000068218

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

Please return all correspondence concerning this matter to the following:

KARHONDA SPANN

(Name of Person)

SK TAX SERVICES, INC

(Name of Firm/Company)

1968 SW MONTERREY LANE

(Address)

PORT ST LUCIE, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

SHEVETTE PORTER

(Name of Person)

at (305) 3000105

(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**

I, KARHONDA SPANN, hereby resign as VICE PRESIDENT
(Title)

of SK TAX SERVICES, INC
(Name of Corporation)

P08000068218, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Karhonda Spann
(Signature of resigning officer/director)

2009 MAR -4 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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