

P08000087128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

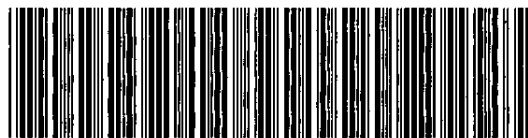
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARNAIZ SERVICES CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000087128

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

Please return all correspondence concerning this matter to the following:

LIDIANA MUJICA

(Name of Person)

ARNAIZ SERVICES CORPORATION

(Name of Firm/Company)

307 FIFTH AVE

(Address)

LEHIGH ACRES, FL 33936

(City/State and Zip Code)

For further information concerning this matter, please call:

LIDIANA MUJICA

(Name of Person)

at ( 239 ) 265-2979

(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, GLORIA ARNAIZ, hereby resign as SECRETARY  
(Title)

of ARNAIZ SERVICES CORPORATION  
(Name of Corporation)

P08000087128, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
\_\_\_\_\_  
(Signature of resigning officer/director)

**FILED**  
2008 SEP 29 AM 2:22  
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