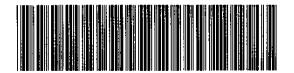
## P08000092830

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

off. Presign.

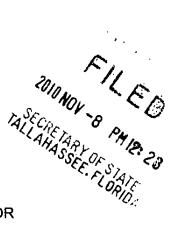
TB

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TLS FINANCIAL SERVICES INC. (Name of Corporation)
DOCUMENT NUMBER: P08000092830
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
-
Please return all correspondence concerning this matter to the following:
ANGEL MENDEZ
(Name of Person)
TLS FLS FINANCIAL SERVICES INC.
(Name of Firm/Company)
18495 S. DIXIE HWY UNIT 321
(Address)
MIAMI, FL 33157
(City/State and Zip Code)
For further information concerning this matter, please call:
ANGEL MENDEZ 305 914-4049
ANGEL MENDEZ  (Name of Person)  at (305) 914-4049  (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
(4.49 ± 3)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. LYNETTE LEYVA	, hereby resign as DIRECTOR	
7	(Title)	
of TLS FINANCIAL SERVICES INC.		
(Name of Corpora	ation)	
P08000092830 a corp	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314