10800096255

(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:

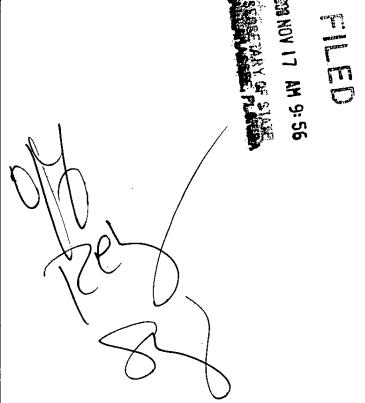
Office Use Only

11. 3/0x



600137981726

11/17/08--01042--012 **35.00



COVER LETTER

SUBJECT: Tower Services Corp (Name of Corporation)
DOCUMENT NUMBER: P080000 96755
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathleen Harrison (Name of Person)
Tower Services Corp. (Name of Firm/Company)
292 E. Palmetto Averne (Address)
Longwood, FC 32750 (City/State and Zip Code)
For further information concerning this matter, please call:
Kathleen Harrison at (407) 435-9565 (Area Code & Daytime Telephone Number)
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

CR2E044(08/05)

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

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_,
emerical rate

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