P0800103118

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u>. </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
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JUL 2 6 2017 S. YOUNG



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CSI EMERGENCY SERVICES CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: P 08000103118
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David K. Kuschel
(Name of Person)
CSI Emergency Services Corporation
(Name of Firm/Company)
27 N. Pennock Lane, Suite 204
(Address)
Jupiter, FL 33458
(City/State and Zip Code)
For further information concerning this matter, please call:
David K. Kuschel at (561) 747-0852 (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.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ւ Connor J. Piegaro	, hereby resign as Vice-President
	(Title)
01	ERVICES CORPORATION
(Name of Corp	oration)
P 08 000 103 118 a co	rporation organized under the laws of the State of
Florida	
(Signatur	e of resigning officer/director.)
FILING	G FEE IS \$35.00

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

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

