

PD 9000008147

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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2240

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: ABSOLUTE PROFESSIONAL SERVICES INC.  
(Name of Corporation)

DOCUMENT NUMBER: P09000008147

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

Please return all correspondence concerning this matter to the following:

DORA M. DOMINO  
(Name of Person)

ABSOLUTE PROFESSIONAL SERVICES INC.  
(Name of Firm/Company)

3401 S. FEDERAL HWY.  
(Address)

DELRAY BEACH, FL. 33483  
(City/State and Zip Code)

For further information concerning this matter, please call:

DORA M. DOMINO at ( 561 ) 809-3011  
(Name of Person) (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, DORA M. DOMINO, hereby resign as PRESIDENT  
(Title)

of ABSOLUTE PROFESSIONAL SERVICES INC,  
(Name of Corporation)

P09000008147, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Dora M. Domino  
(Signature of resigning officer/director)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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