## P09000013819

| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
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## **COVER LETTER**

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| Division of Corporations  |
|---|
| SUBJECT: GROUP SLEWICES INC   |
| DOCUMENT NUMBER: <u>P0900013819</u>   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Chistma Vinuez-a (Name of Person)   |
| Wice Parsidente C6ROUP Services (Name of Firm/Company)  |
| 2414 SWSAUAGE Blod<br>(Address)   |
| Port Saint Lucie, FL34953 (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                  |
| Coestina Virw E-2a at (772) 6268657 (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Juan Carlos                | Guzman               | , hereby resign as                 | Presion         | lenT ·                       |
|----|----------------------------|----------------------|------------------------------------|-----------------|------------------------------|
| of | $\mathcal{C}$              | (Name of Corporation | Services                           | <del>I</del> nc | , , , , , , , ,              |
|    | (Document Number, if known | , a corpor           | ration organized under (           | the laws of the | e State of                   |
|    |                            | ·                    |                                    |                 | O9.<br>SECI                  |
|    |                            |                      |                                    |                 | FIL<br>LIARY<br>AHASSEL      |
|    |                            |                      | Comman resigning officer/director) |                 | AN 9:1<br>OF STAIL<br>FLORII |

## 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