

PO9000024731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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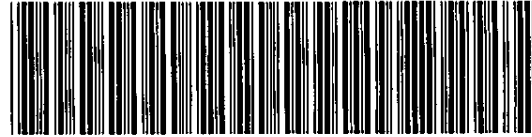
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 15 PM 12:13

DEC 19 2014  
T. CARTER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTEAST BILLING INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000024731

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

Please return all correspondence concerning this matter to the following:

**RALPH CONSIGLIO**

(Name of Person)

**SOUTHEAST BILLING INC.**

(Name of Firm/Company)

**5301 N FEDERAL HWY SUITE 275**

(Address)

**BOCA RATON FL, 33487**

(City/State and Zip Code)

For further information concerning this matter, please call:

**RALPH CONSIGLIO** at **954 471-9064**  
(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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

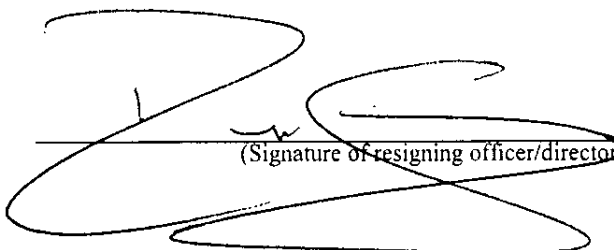
14 DEC 15 PM 12:13

I, RALPH CONSIGLIO, hereby resign as T  
(Title)

of SOUTHEASTBILLING INC.  
(Name of Corporation)

P09000024731, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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