

PO9000075183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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9-29-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NSOURCE SERVICES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000075183

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

Please return all correspondence concerning this matter to the following:

ROBERT N. CHILDRESS  
(Name of Person)

NSOURCE SERVICES, INC.  
(Name of Firm/Company)

5650 BRECKENRIDGE PARKWAY DR, STE 208  
(Address)

TAMPA, FL 33610  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT N. CHILDRESS at ( 877 ) 484-4001  
(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**

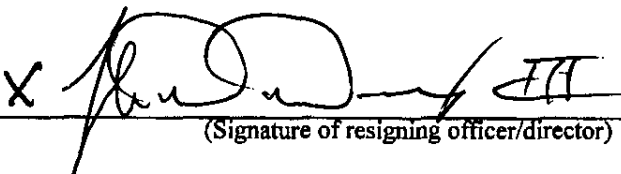
**FILED**  
2011 SEP 28 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JOHN D. DARSEY III, hereby resign as CFO  
(Title)

of NSOURCE SERVICES, INC.  
(Name of Corporation)

P09000075183, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X   
(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