## P09000077653

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: OASIS TAX SERVICES INC  |
|--|
| (Name of Corporation)  |
| DOCUMENT NUMBER: P09000077653  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| SAN JUANA BUSTAMANTE   |
| (Name of Person)   |
|  |
| (Name of Firm/Company)   |
| 6 E STATION ST   |
| (Address)  |
| APOPKA FL 32703  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| SAN JUANA BUSTAMANTE at (407) 914-8932 (Name of Person) (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.   |
| 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, RICARDO ESTEBAN        | , hereby resign asPRESIDENT                       |
|---------------------------|---|
|                           | (Title)   |
| of OASIS TAX SERVICES INC |   |
| (Name of Corpor           | ation)  |
| P0900077653 , a corj      | poration organized under the laws of the State of |
| FLORIDA                   |   |
| X Ricardo (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