P10000001853

; ^			
, (R	Requestor's Name)		
(A	ddress)		
(A	ddress)		
(C	city/State/Zip/Phone	e #)	
PICK-UP	WAIT .	MAIL.	
(B	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
•			

Office Use Only



900214145049

11/14/11--01038--021 **35.00

PACTANASSET TORIGON OF NOVICE AND IN NOVICE AND IN US US

Offlesign Thewis 11-16-11

COVER LETTER

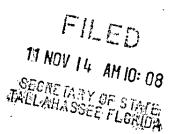
Division of Corporations SUBJECT: Skyline Reporting, Inc. (Name of Corporation) P10000001853 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Belinda Horwitz (Name of Person) Skyline Reporting, Inc. (Name of Firm/Company) 702 Raymond Circle (Address) Altamonte Springs, Florida, 32714 (City/State and Zip Code) For further information concerning this matter, please call: Belinda Horwitz (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:** Mailing Address: **Amendment Section** Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive CenterCircle Tallahassee, FL 32301 Tallahassee, FL 32314

j

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

27. 14



11/8/2011

_{I.} Diane Cola O'Brien	, hereby resign as President		
-,	,,g	(Title)	
of Skyline Reporting, Inc.			
·	ne of Corporation)	·	
P10000001853	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida	•		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314