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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Soulo Consulting Services Onc. (Name of Corporation)
DOCUMENT NUMBER: P1000018241
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Soulo Consulting Services LLC (Name of Firm/Company)
1550 Gallean Dr. (Address)
Naples, FC 34102 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) 404-(8189) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

ı, <u>k</u> f	Moatz	, hereby resign as	ViePr	esident (Tide)
or Soulo	Consulting (Name of Co	Servico Incorporation)	<u>C</u>	*
P 1 0000 182 (Document Number Flarida	, a	corporation organized und	er the laws of	the State of
	•			13 \$EC
_	(Sight	ture of resigning officer/director	n) >	13 APR IU PH
				STATE CORIBI

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

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