## P10000028089

(Ře	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>
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Old Resign.



JUN 0 9 2010

## **COVER LETTER**

Division of Corporations
SUBJECT: Consumer Protective Agency Inc. (Name of Gorporation)
DOCUMENT NUMBER: <u>P10000028089</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Jeffrey T. Fields (Name of Person)
Consumer Protective Agency Inc. (Name of Firm/Company)
535 Royal Palm Beach Blvd. (Address)
Royal Palm Beach, FL 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
Jeffrey T. Fields at (561) 313-6056 (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, Jeffrey Fields , hereby resign as Presider	Title)	
of Consumer Protective Agency Inc. (Name of Corporation)		,
P\000028089 , a corporation organized under the laws of the (Document Number, if known)	ne State of	
Florida.		
(Signature of resigning officer/director)	10 JUN - SECRETA	
FILING FEE IS \$35.00	N-4 PM 2	

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

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