P10000001045

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: EMERGENCY RES	SPONSE OF SOUTH FLORIDA,INC
Sebsect.	(Name of Corporation)
DOCUMENT NUMBER: P10	0000061645
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
WILLIAM GANTE	
(Name of Pe	rson)
500 SE MISNER BLVD	609
(Name of Firm/C	
(Address)
BOCA RATON FLORIDA 334	32
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
C HOLLANDER	at (954) 3469119 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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, WILLIAM GANTE	, hereby resign as PRESIDENT
	(Title)
ofEMERGENCY RESPONSE	OF SOUTH FLORIDA, INC
(Na	me of Corporation)
91000061645 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

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