## PIOODO 1840

(Requesto	r'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 C	Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Florida Para	legal Services, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P	10000067840
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Mark Sherwood	
(Name of Po	erson)
Florida Paralegal Servi	
(Name of Firm/	Company)
513 W. Main Street	
(Addres	s)
Tavares, FL 32778	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Mark Sherwood	at ( 352 ) 406-5929
(Name of Person)	at ( 352 ) 406-5929 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations Clifton Building	Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I.	Laurie Huebsch	, hereby resign as Secretary/Treasurer	
_		(Title)	
of_	Florida Paralegal	Services, Inc. (Name of Corporation)	,
		(Name of Corporation)	
	P10000067840 (Document Number, if known	, a corporation organized under the laws of the State of	
	Florida		
	Leu	(Signature of resigning officer/director)  10CT 27 AM 0:	יין י

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

FILING FEE IS \$35.00

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