

P10000071204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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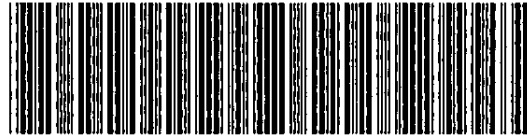
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kinman Investigative Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000071204

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aleita J. Kinman

(Name of Person)

Kinman Investigative Services, Inc.

(Name of Firm/Company)

PO Box 976

(Address)

Indiantown, FL 34956

(City/State and Zip Code)

For further information concerning this matter, please call:

Aleita J. Kinman

(Name of Person)

at ( 772 ) 6340185

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Charles Kinman, hereby resign as VP  
(Title)

of Kinman Investigative Services, Inc.  
(Name of Corporation)

P10000071204, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

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13 APR 24 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
(Signature of resigning officer/director) 4-26-13

**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