

P10000088019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

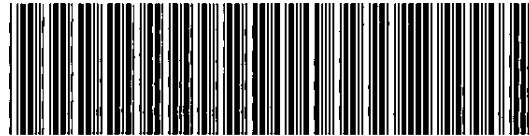
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700188709677

*Resignation
to Officer*

12/16/10--01006--001 **35.00

FILED
2010 DEC 16 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADR
12/20/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vares Tax Service, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P10000088019

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

Please return all correspondence concerning this matter to the following:

Roberto Rodriguez

(Name of Person)

Vares Tax Service, Inc.

(Name of Firm/Company)

1688 Coral Way

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Rodriguez

(Name of Person)

at (305) 205-4655

(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**

FILED

2010 DEC 16 AM 8:42

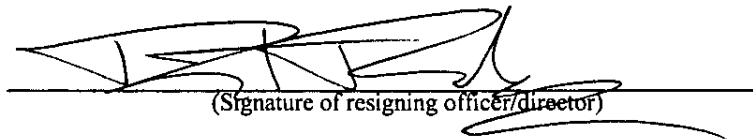
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

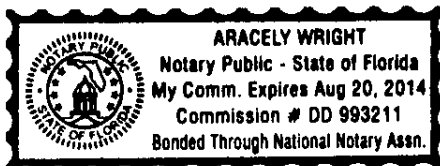
I, Roberto Rodriguez, hereby resign as Vice President
(Title)

of Vares Tax Service, Inc.
(Name of Corporation)

P10000088019, a corporation organized under the laws of the State of
(Document Number, if known)


Florida


(Signature of resigning officer/director)



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