## P11000006967

(Re	equestor's Name)	
(Ad	ldress)	<u>-</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500222794625

resignation 900gicer

02/24/12--01036--020 \*\*35.00



2/28/12

## **COVER LETTER**

SUBJECT: NATIONAL OIL RECOVERY SERVICES, INC.
SUBJECT: NATIONAL OIL RECOVERY SERVICES, INC. (Name of Corporation)
DOCUMENT NUMBER: P11000069676
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
CHAD R. VETTORAZZI
(Name of Person)
(Name of Firm/Company)
3981 N. W. 19 AVENUE
(Address)
OAKLAND PARK, FL33309
(City/State and Zip Code)
For further information concerning this matter, please call:
CHAD R. VETTORAZZI  (Name of Person)  at ( 954 ) 491-8200  (Area Code & Daytime Telephone Number)
(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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2012 FEB 24 PM 3: 40

SEGRETARY OF STATE

, CHAD R. VETTORAZZI	, hereby resign as SD
	(Title)
of NATIONAL OIL RECOVER'	Y SERVICES, INC.
(Na	me of Corporation)
P1100006967 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	, 
<u> </u>	well bettern
·	(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