P1100016020

| (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: | | |
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Office Use Only



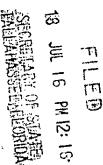
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R. WHITE



TRANSMITTAL LETTER

PROFESSIONAL EMPLOYEE SOLUTIONS INC (Name of Corporation) DOCUMENT NUMBER: P11000016020 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEX SARDINAS (Name of Person) PROFESSIONAL EMPLOYEE SOLUTIONS INC (Name of Firm/Company) 6161 BLUE LAGOON DRIVE, SUITE 255-C (Address) MIAMI, FL 33126 (City/State and Zip Code) For further information concerning this matter, please call: at (305) 459-99/3 (Area Code & Daytime Telephone Number) **ALEX SARDINAS** (Name of Person)

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

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, ARMANDO PERE | , hereby resign as | PRESIDENT |
|--|--|---|
| of PROFESSIONAL | EMPLOYEE SOL | UTIONS INC |
| P11000016020 (Document Number, if known) FLORIDA | , a corporation organized und | er the laws of the State of |
| | (Signature of resigning officer/director | FILED SECRETARY OF STAFE SECRETARY OF STAFE |

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