

P11000078780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

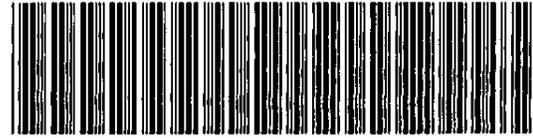
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

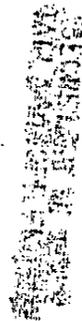
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWO BROTHERS MULTISERVICES OF SW FL INC
(Name of Corporation)

DOCUMENT NUMBER: P11000078780

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LUIS ESCOBAR
(Name of Person)

TWO BROTHERS MULTISERVICES OF SW FL II
(Name of Firm/Company)

493 LABREE AVE S
(Address)

LEHIGH ACRES FL 33974
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS ESCOBAR at (239) 220-8590
(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

