

P11000078780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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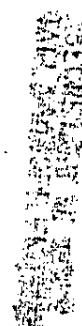
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COVER LETTER

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIELA PERDOMO, hereby resign as VICE-PRESIDENT
(Title)

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

P11000078780, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

x 
(Signature of resigning officer/director)

11 OCT 28 PM 11:20
RECEIVED
STATE DEPT OF REVENUE
TALLAHASSEE, FLORIDA

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