

P15000026606

(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



800279077678

11/16/15--01032--016 **35.00

FILED
2015 NOV 16 PM 10:49
CLERK OF STATE
HARRISBURG, PA 17104

11/16/15

TRANSMITTAL LETTER

TO: * Amendment Section
Division of Corporations

SUBJECT: K & L Professional Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P15000026606

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

Please return all correspondence concerning this matter to the following:

Giorgelina Rapizza
(Name of Person)

K & L Professional Services Inc
(Name of Firm/Company)

6517 SW 132 CT Circle
(Address)

Miami FL 33183
(City/State and Zip Code)

} new address

For further information concerning this matter, please call:

Giorgelina Rapizza at (305) 910-7119
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

I need to Change
Address for this
Corporation.
New Address
6517 SW 132 CT Cir
Miami FL 33183

Thanks.

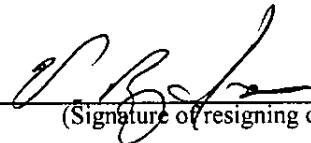
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Victorino Rapizza, hereby resign as VP
(Title)

of K & L Professional Services, Inc,
(Name of Corporation)

P15000026606, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

x 
(Signature of resigning officer/director)

FILED
2015 NOV 16 AM 10:49
CLERK OF STATE
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