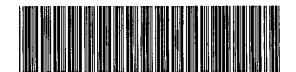
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(Re	questor's Name)	
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer	
Special Instructions to Filing Officer:		

Office Use Only



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TO: Amendment Section Division of Corporations
SUBJECT: K & L Professional Services Fuc. (Name of Corporation) DOCUMENT NUMBER: 715000026606
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ciorgelina Papizza (Name of Person)
KEL Professional Services, Inc. (Name of Firm/Company)
6517 SW 132 CT Circle
Miami FL 33/83 (City/State and Zip Code)
For further information concerning this matter, please call:
Giorgelina Rapizza at (305) 910 - 7119 (Name of Person) at (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Giraldina H. Rapizza, hereby resign as Tre	S		
(T	itle)		
of Kél Professional Services, Inc. (Name of Corporation)		······································	
P/5000026606, a corporation organized under the laws of the (Document Number, if known)	e State of		
FLORIDA.	, C3	<u> </u>	
	- 25	100 TO 10	:
X. (Signature of resigning officer/director)	THE STATE	至二:15	زُ
(Signiture 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