## P15000062689

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:





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## TRANSMITTAL LETTER

**Division of Corporations** VT Services, Inc (Name of Corporation) **DOCUMENT NUMBER:** P15000062689 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rama Venkata S Malla (Name of Person) VVT Services, Inc (Name of Firm/Company) 970 Lake Carillon Dr, Suite 300 #608 (Address) St. Petersburg, FL 33716 (City/State and Zip Code) For further information concerning this matter, please call: Guiseppe L Costa (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** 

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

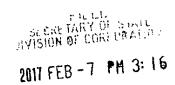
**Division of Corporations** 

Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as Secretary/Treausrer
(Title)
ration)
poration organized under the laws of the State of
•
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