P15000070827

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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OCT 02 2015 C. CARROTHERS

TRANSMITTAL LETTER

SUBJECT: ACCESS SEAU:COS INC
(Name of Corporation)
SUBJECT: ACCESS SERVICAS IN C (Name of Corporation) DOCUMENT NUMBER: \$\int 15000070827
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 BoniFACIO (Name of Person)
MCCRSS STINICERS INC. (Name of Firm/Company)
14481 58 92 27 (Address)
SUMMEN FIECO FL 34491 (City/State and Zip Code)
For further information concerning this matter, please call:
ELALAL FLORES at 941 877-8706 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Luis BoniFacio	_, hereby resign as SECREATIANY
	(Title) /
of MCCR3S SENVICES (Name of Corpora	
0150000 70077	oration organized under the laws of the State of
Florida.	

(Signature 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