

P15000083883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

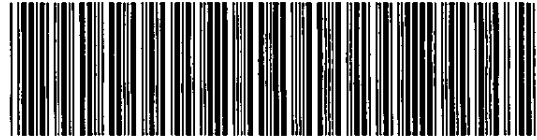
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100291363621

10/21/16--01008--009 **35.00

Old Res.

OCT 25 2016

R. WHITE

FILED
16 OCT 21 PM 2:08
SEC. 5104
TALLAHASSEE
FLA.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paraprofessionals, Inc
(Name of Corporation)

DOCUMENT NUMBER: P15000083883

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

Please return all correspondence concerning this matter to the following:

Jacqueline M. Mercedes
(Name of Person)

Paraprofessionals, Inc.
(Name of Firm/Company)

5737 Gatlin Ave., Apt. #415
(Address)

Orlando, FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Mercedes at (978) 912-2830
(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

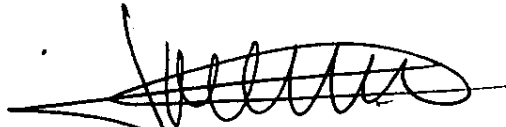
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jacqueline M. Merceds, hereby resign as Treasurer
(Title)

of Paraprofessionals, Inc.
(Name of Corporation)

P15000083883, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
16 OCT 21 PM 2:08
SECRETARY 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