Probable

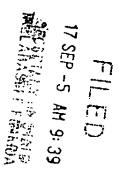
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of S	Status	
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

·	
SUBJECT: US STUDE	NT SOLUTION CENTER INC.
 -	(Name of Corporation)
DOCUMENT NUMBER: P160	000009214
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence e	oncerning this matter to the following:
SILVIA I PUBCH	ARÅ-PEREZ
(Namue of Pe	rson)
(Name of Firm/C	ompany)
14770 SW 151 T	ER
(Address	:)
MIAMI FL 33174	
(City/State and Z	Σίρ (°ode) !
For further information concerning	g this matter, please call:
SILVIA I PUBCHARA-I	PEREZ at (786) 256-4334 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35,00 ma	ide payable to the Florida Department of State.
Mailing Addrage	Strat Address
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, SILVIA I PUBCHARA	A-PEREZ hereby resign as VP			
, US STUDENT S	OLUTION CENTER INC.	e)		
P16000009214 (Document Number, if known)	ine of Corporation)	State of	•	
FLORIDA				
		70000000000000000000000000000000000000	17 SEI	-177
	(Signature of resigning officer-director)	TABLE OF SHALE	°-5 AM 9: 38	OB TIL
	FILING FEE IS \$35.00	•		
Make checks payal				
	Amendment Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314