## P16000056783

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⊋ #</i> )
PICK-UP	☐ WAIT	MAIL MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

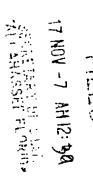
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PALM BEACH EMC SPECIALIST INC

(Name of Corporation)

DOCUMENT NUMBER: P16000056783

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

Please return all correspondence concerning this matter to the following:

GRACIA LEBRUN

(Name of Person)

PALM BEACH EMC SPECIALIST INC

(Name of Firm/Company)

4519 LAKE WORTH ROAD

(Address)

**GREENACRES FLORIDA 33463** 

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. GRACIA LEBRUN at (561) 574 2645 (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

<sub>i.</sub> MARGARETTE L	OUINE hereby resign as VP	
···	(Title)	<del></del>
of PALM BEACH EI	MC SPECIALIST, INC.	
(8	(ame of Corporation)	
P16000056783 (Document Number, it'known)	, a corporation organized under the laws of the State of	
FLORIDA		
	Additional Signature of resigning officer/director)  Signature of resigning officer/director)	FILED 17 NOV -7 AM
	FILING FEE IS \$35.00	<del></del>

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314