

P22000DD48243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

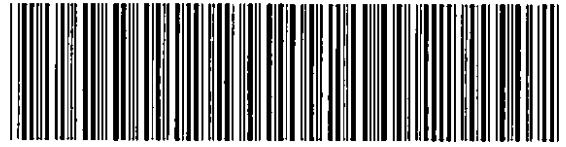
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S. PRATHER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCURATE SUPPORT SERVICES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P22000048243

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

Please return all correspondence concerning this matter to the following:

TRACY LEE RODRIQUENZ

(Name of Person)

ACCURATE SUPPORT SERVICES, INC.

(Name of Firm/Company)

277 SW HEALAN CT

(Address)

FORT WHITE, FL 32038

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY LEE RODRIQUENZ

(Name of Person)

at (904) 420-9945
(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:

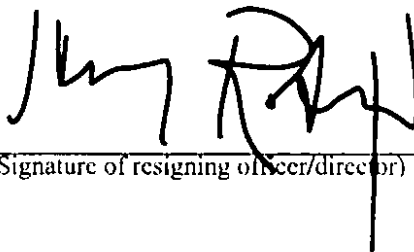
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TRACY LEE RODRIQUEZ, hereby resign as VP. COO
(Title)

of ACCURATE SUPPORT SERVICES, INC.
(Name of Corporation)

P22000048243
(Document Number, if known), a corporation organized under the laws of the State of
FLORIDA


(Signature of resigning officer/director)

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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