

P930000011705

(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



400129434334

05/19/08--01045--005 \*\*35.00

FILED

2008 MAY 19 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Officer Resignation

TB 5/27/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Controlled Systems I Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P93000011705

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

Please return all correspondence concerning this matter to the following:

Criss Crouch

(Name of Person)

(Name of Firm/Company)

8366 NW 43 Street

(Address)

Coral Springs, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Criss Crouch

(Name of Person)

at (

954

) 599-7148

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

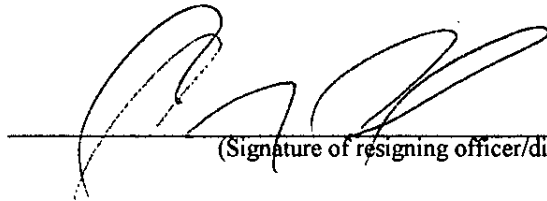
**FILED**  
2008 MAY 19 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Criss Crouch, hereby resign as Director  
(Title)

of Controlled Systems I, Inc.  
(Name of Corporation)

P93000011705, a corporation organized under the laws of the State of  
(Document Number, if known)

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