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| (Requestor's Name) | | |
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| (Addiess) | | |
| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE,
ALLAHASSEE, FLORIF,

officer Resignation

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

| I, Amy Bross | , hereby resign as Secretary (Tide) |
|---|-------------------------------------|
| of NJ Dependable Service (Name of Corporation | es itno |
| a corporation organized under the laws of the Sta | te of Florida |
| and affirm that the corporation has been notified | in writing of the resignation. |
| Any Signature of | resigning officer/director) |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314