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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #} |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only

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TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: GROUP 1 SUSTEMS, INC. (Name of Corporation) DOCUMENT NUMBER: 9500040379 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MARTA V. WALLACE (Name of Person) |
| GROUP 1 SYSTEMS, INC. (Name of Firm/Company) |
| 3307 NW 55th STREET (Address) |
| FORT LAUDERDAUE, Fr. 33309 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (56) 463-078 (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

| I, MAETA V. | WALLACE | 3 | , hereby resign | as PLESU | (Title) | |
|------------------|---------------|-----------------------|--------------------|------------------|-------------------|---------------|
| of CIROUR 1 | On St Name | EMS, | [NC. | | | |
| Document Number, | | , a corpor | ation organized | l under the laws | s of the State of | o f |
| HORIDA . | | - | | | | |
| | 145 | WUL Signature of i | esigning officer/d | lirector) | TALLAHASO. | STORY SO WILL |
| | | | | | | TORIGH S |

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