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(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies Certificates of Status		
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SECRETARY OF STATE
ALLAHASSEE, FLORID.

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COVER LETTER

RESIGNATION

3 OFFICIEN

DIRECTOR

TO: Amendment Section Division of Corporations

SUBJECT: ENCORE Slavices Da e (Name of Corporation)
DOCUMENT NUMBER: P960000 14426
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Arnicia Rijey (Name of Person)
ENPORE Lewices Vice (Name of Firm/Company)
270 N. W. 183 Ref Street
Mirme Zeyida 33/69 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 654/110 (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

Sp.108 9760 \$ 35.00

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PATRICIA RILEY, hereby resign as PRESIDER Serretary
of ENRORE Services Inc. (Name of Corporation)
POLOSOS 1445 c, a corporation organized under the laws of the State of (Document Number, if known)
Eloube

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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

