P97000045268

(Re	equestor's Name)	3
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SECRETARY OF STAILAHASSEE, FLORIDA

Officer Risign Crin Murphy 2/25/08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DLS THE Pay Services (Name of Corporation)
DOCUMENT NUMBER: PO 100045 286
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sandra Monter
(Name of Person)
DLS therapy Services
(Name of Firm/Company)
DLS therapy Services (Name of Firm(Company) 1821 SW-168 AV
(Address)
Miramar, FZ 33027
(City/State and Zip Code)
For further information concerning this matter, please call:
Sandre Montew at (954, 438-62/2 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

1. Santander M	ontero	_, hereby resign as_	Vice	- Presider	17
of D 8c S THE	Name of Cornera	SERVICE	s, c	ORPORATIO	ンベ
P970000452168 (Document Number, if known)	, a corpo	oration organized un			
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 Tallahassec, Florida 32314