

P97000071003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

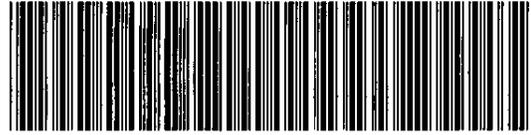
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

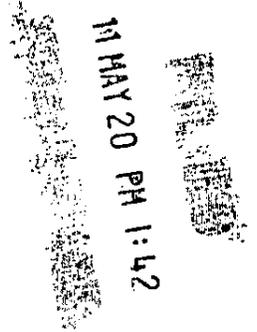
Office Use Only



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FILING CANCELLED
RETURNED CHECK

05/20/11--01037--010 **105.00



O/D Resign.
5/3/11
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WINE STREET FINANCIAL SVCS.
(Name of Corporation)

DOCUMENT NUMBER: 997 0000 71003

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

Please return all correspondence concerning this matter to the following:

C. FRANCISCO OTAZVARO
(Name of Person)

(Name of Firm/Company)

4501 MONSERATTE ST.
(Address)

CORAL GABLES, FL. 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

C. FRANCISCO OTAZVARO at (305) 665-2122
(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

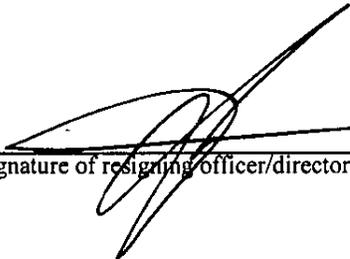
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CRISTIANO OLIVEIRA, hereby resign as Pres.
(Title)

of WALSHSTE^{ER} EMERGENCY SERVICES, INC.
(Name of Corporation)

097 0000 71003, a corporation organized under the laws of the State of
(Document Number, if known)
FL.


(Signature of resigning officer/director)

MAY 20 PM 1:42

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