

P 98000017206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

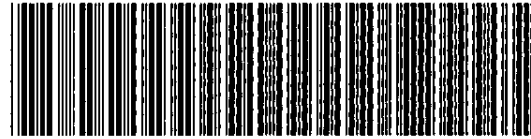
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV -8 AM 8:20

FILED

OLD  
Resign.

11/15/11

DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Deb's Accounting Service, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000017206

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

Please return all correspondence concerning this matter to the following:

Debbe Chalifoux

(Name of Person)

Deb's Accounting Service, Inc.

(Name of Firm/Company)

365 Taft-Vineland Rd., Suite 105

(Address)

Orlando, FL 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

Debbe Chalifoux

(Name of Person)

at ( 407 ) 908-5732

(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, Harry W. Chalifoux, hereby resign as Director  
(Title)

of Deb's Accounting Service, Inc.  
(Name of Corporation)

P98000017206, a corporation organized under the laws of the State of  
(Document Number, if known)

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  
Tallahassee, Florida 32314

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA