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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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SECRETARY OF STATE



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Professional Gas Services Ine (Name of Corporation) DOCUMENT NUMBER: P 980000 53//3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
STeve Wood (Name of Person)
Professional Gas Services Inc. (Name of Firm/Company)
333 N. Falkenberg Rd, Suite B-219
Tampa F1 33619 (Citt/State and Zip Code)
For further information concerning this matter, please call:
STeve Wood at (8/3) 621-7757 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Kichard Abboth hereby resign as V	(Title)
of Professional Gas Services I	nc.
(Document Number, if known), a corporation organized under the laws	s of the State of
Florida	
Echan Abbanication (Signature of resigning officer/director)	OU APR-
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•	AMID: 27 SEE, FLORID
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Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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