

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

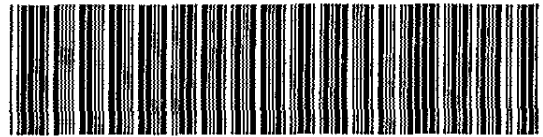
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2003 DEC 31 AM 9:01

officer Resignation  
LFT  
1-7-04

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Omstaff, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000057695

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

Please return all correspondence concerning this matter to the following:

Andrea Bayot

(Name of Person)

Not applicable

(Name of Firm/Company)

2159 Saint Martin Drive East

(Address)

Jacksonville, Florida 32246

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Bayot

(Name of Person)

at ( 904 ) ~~904~~ 220.0186  
(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

**Street Address:**

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

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DIVISION OF CORPORATIONS  
2003 DEC 31 AM 9:02

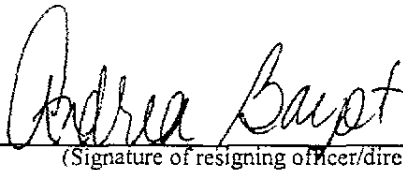
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Andrea Bayot, hereby resign as Secretary/Director  
(Title)

of Omstaff, Inc.  
(Name of Corporation)

P99000057695, 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