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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN AUG 17 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRO-CARE, Inc. Building Services
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Peter E. Shindel, Jr.
(Name of Person)

PRO-CARE, Inc. Building Services
(Name of Firm/Company)

4014 W. Waters Ave #1105
(Address)

Tampa, FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly L. Shindel at (703) 815-9285
(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

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

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
04 AUG 12 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Kimberly L. Shindel, hereby resign as Owner, Vice President, Secretary + (Title) Treasurer

of PRO-CARE Inc. Building Services
(Name of Corporation)

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

Florida.

Kimberly L. Shindel
(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