P99000108354

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(Re ب	questor's Name)	
(Ad	dress)	···· =
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP		MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of St	atus
Special Instructions to	Filing Officer:	
	Office Use Only	



12/19/06--01048--004 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

1

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

Please return all correspondence concerning this matter to the following:

(Name of Person) exington Title Services, Inc. (Name of Firm/Company) 2701 S. RAYSHORE Dr. #602 (Address) (City/State and Zip Code) For further information concerning this matter, please call:

(Name of Person) at (305) 859-8944 (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 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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I, HOSEY HERANDEZ, hereby resign as DirE	Title)	
of LEXINGTON THE SERVICES, (Name of Corporation)	<u> mc.</u> ,	
$\frac{P9900108354}{(Document Number, if known)}$, a corporation organized under the laws of the	e State of	
FLORIA.		
(Signature of resigning officer/director) FILING FEE IS \$35.00	OG DEC 19 PH 4: 16 SECRETARY OF STATE TALLAHASSEE. FLORID	THED
Make checks payable to Florida Department of State and mail to:	: 2	

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