502400

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400209663194

07/11/11--01009--010 **35.00

11 JUL 11 PM12: 40

DD Res

COVER LETTER

	mendment Section vision of Corporations
SUBJEC'	T: EVALUFAX SERVICES, INC. (Name of Corporation)
DOCUM	ENT NUMBER: S02406
The enclose	sed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Nomos G. FREAD (Name of Person)
E	EVALUEAX SERVICES, INC.
	(Name of Firm/Company)
. 198	15 SEFGEFIELD TERRACE (Address)
Boo	CA RATON FL 33498 (City/State and Zip Code)
For furthe	r information concerning this matter, please call:
D	(Name of Person) at (561)929-0502 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed i	is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Thomas 6, facao, hereby resign as PRESident (Title)	
of_	EUNLUFAX SERVICES, INC	_,
	(Name of Corporation)	
	502406 , 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	DIVISION OF CORPORATIONS
	FILING FEE IS \$35.00	o E

Make checks payable to Florida Department of State and mail to:

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