

PO6000127876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Em  
1/9/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WHOLESALE Processing Systems INC  
(Name of Corporation)

**DOCUMENT NUMBER:** 806000127876

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

Please return all correspondence concerning this matter to the following:

VISION CHONGSUKSIRI  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

6367 LASALLE ROAD  
(Address)

DELEY BEACH FL 33484  
(City/State and Zip Code)

For further information concerning this matter, please call:

VISION CHONGSUKSIRI at (561) 573-1876  
(Name of Person) (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

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, VISON CHONG SUKSIRIV, hereby resign as Vice President  
(Title)

of WHOLESALE Processing Systems, INC.,  
(Name of Corporation)

PO6000127876, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Ⓢ VisonC  
(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