P04000333333

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer.	
	1





300037050993

06/01/04--01081--005 **35.00

4 JUN - 1 AM IO: 13

TRANSMITTAL LETTER

SUBJECT: P3 Consulting Too (Name of Corporation)
DOCUMENT NUMBER: PO4000333333
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
January January (Name of Person)
(Name of Firm/Company)
2223 Gladys St (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Joe lle S. Skupien at (20) 504 - 6605 (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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Joelle	5.3	Skupie		_, hereby resign as	Vice	Title)	dent	
of	P3	Coos (Name o	of Corporati	ia, Toc			4 1103	,
POS 4000 (Document	<u>XØ33</u> Number, if k	333 (nown)	_, а согро	ration organized u	inder the law	s of the State	e of	
- Floria	da		_•			i		
						ALLAHA	NOT 10	"T]
		0£W2 _{(s}	gnature of	resigning officer/dire) octor)	ASSEE, FLORID	-	

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