



OTTO WILLIAMS
REGIONAL MANAGER

DOCUMENT NUMBER-DATE

CONSULTING & SERVICES
6282 N.W. 64TH ST.
MIAMI, FL 33166
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FAX: 305 682 9330
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971276-TC

Dear Director-

Please accept this as a petition to avoid cancellation of my certificate #3614. I am willing to pay back Assessment fees & penalty's including interest. I do not actively use my certificates but I do want to retain it. Your Letter to me states the need of a form as provided by rule 25-22.029(4) - Please forward this form to me along with any other (over)

ACK

NEA

MPP

CAF

Relevant information

Thanks—

A highly stylized, cursive handwritten signature in black ink. The signature is written over a horizontal line that extends across the width of the page. The letters are interconnected and fluid, with a prominent loop at the end.

OTTO P WILLIAMS