557634

		
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	· -
·	·	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Day	ning - Estitu Nov	
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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005 NOV 21 AM 9: 27 SECRETARY OF STATE

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: All Space Coast Driver Training School, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: 557634
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Eliz	abeth Kapushy-Lear & MaryElaine Andrade
_	(Name of Person)
All S	Space Coast Driver Training School, Inc.
	(Name of Firm/Company)
574	Highway A1A
	(Address)
Sate	ellite Beach, FL 32937
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Susa	an J. Spence at (425) 483-5357 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Susan J. Spence	, hereby resign as_V	′ice President∕ _[7	resident/Director	
*,	,	Titl	e) (3
of All Space Coast Driver Training				_,
(Name	of Corporation)			
557634 (Document Number, if known)	, a corporation organized unde	r the laws of the	State of	
Florida				
Lis	Signature of resigning officer/director		2005 NOV 21 AM 9: 28 SEURLIARY OF STATE TALLAHASSEE, FLORIDA	FILED

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

State of Machines	
State of Washingto County of	n L D a
Signed or attested	before the on 11117105
by <u> </u>	an I spence
	Signature S M M II S
	(Printed name) 5 M. M. II S
	Title BECU
	My appointment expires 11 03 0

S. M. MILLS

STATE OF WASHINGTON

NOTARY - - - PUBLIC

MY COMMISSION EXPIRES 11-03-07