706019

| · (Rea | uestor's Name |) |
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| Certified Copies | Certificate | es of Status |
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Office Use Only



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COVER LETTER

The Alcoholic Service Center (Name of Corporation) 706019 (FEI/EIN # 592919095) **DOCUMENT NUMBER:** -The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeanne Ouellette (Name of Person) (Name of Firm/Company) 311 W Ashley St. #311 (Address) Jacksonville FI, 32202 (City/State and Zip Code) For further information concerning this matter, please call: Jeanne Ouellette (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: Mailing Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2010 JUL 23 P 12: 29

| I, Jeanne Ouellette | , hereby resign as | TALLAHASSEE. FLO |
|--|---|-------------------------------|
| | | (Title) |
| of Alcoholic Service Center | Inc | |
| | of Corporation) | |
| 706019 (FEI/EIN # 592919095) (Document Number, if known) | _, a corporation organized ur | nder the laws of the State of |
| Florida | | |
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| | Sulle) | |
| · · · | Signature of resigning officer/directions of the signature of | nor) |

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