104000483

(Re	questor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	:#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		
	ι	

Office Use Only

530,04



600130104536

05/27/08--01020--003 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

de Sol

COVER LETTER

	Amendment Section Division of Corporations
	ECT: AVE MARIA UNIVERSITY PREPARATORY SCHOOL, INC (Name of Corporation)
DOCU	MENT NUMBER: <u>NO 400000 4823</u>
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	(Name of Person)
AVE N	MARIA UNIVERSITY PREPARATORY SCHOOL, INC. (Name of Firm/Company)
201	S, TUTTLE AVE (Address)
SAR.	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
KEN	(Name of Person) at (941) 627-5180 (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, <u>NENNETH</u> F. 19 (LLEK, hereby resign as_	(Title)
of AVE MARIA UNIVERSITY PREPARA (Name of Corporation)	
NO 40000 4823 , a corporation organized une (Document Number, if known)	der the laws of the State of
FLORIDA.	
Kome Simo	78 Z

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