## N060000015/

(Requestor's Name)				
(Address)				
(133,133)				
(0.11)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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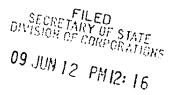
06/12/09--01039--014 \*\*35.00

Op/Richery

SECRETARY OF STATIONS
ON JUN 12 PM 12: 16

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	TECT: Ave maria Master Association, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N06000000151
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Step	phen Ernst
	(Name of Person)
Ave	Maria Master Association, Inc.
	(Name of Firm/Company)
5076	6 Annunciation Circle, Suite 103
	(Address)
Ave	Maria, FL 34142
	(City/State and Zip Code)
For fu	irther information concerning this matter, please call:
Step	hen Ernst at ( 239 ) 867-4322  (Name of Person) (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.
Amen Divisi Clifto 2661	t Address: Independent Section Identify



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Blake Gable	, hereby resign as President	
	, 110100) 1001811 45	(Title)
f Ave Maria Master Associati	on, Inc.	
	me of Corporation)	
N06000000151 (Document Number, if known)	, a corporation organized ur	nder the laws of the State of
Florida		

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, Florida 32314