## P03000044524

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(0-	- A North A	
(Do	cument Number)	•
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	·	



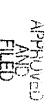


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08/05/08--01014--011 \*\*35.00

SECRETARY OF STATE

08 AUG -5 PH 3:



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: A & I SPECIALTIES	, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P030	000044524
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
Mitchell Stovring	
(Name of Pers	on)
Southwest Professional Service	es of So FL, Inc.
(Name of Firm/Co	mpany)
13571 MCGREGOR BLVD #22	
(Address)	
FORT MYER: FL 33919	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
Mitchell Stovring	239 \ 481-4444
(Name of Person)	at (239) 481-4444  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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. Paul Lambertucci	, hereby resign as President		
	,s.,s.g us	(Title)	<del></del>
of_ A & I SPECIALTIES, INC.			,
(Name	of Corporation)		•
P03000044524	_, a corporation organized under the	e laws of the State of	
(Document Number, if known)			
FLORIDA			
· Parl F.	Lambeature ignature of resigning officer/director)	08 AUG -5 PM 3: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	APPHOVEL 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