

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
. (Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300266901383 11/26/14--01016--013 **35.00

CL5-14

TRANSMITTAL LETTER

SUBJECT: ALA Elevator Company Corp. (Name of Corporation)
DOCUMENT NUMBER: <u>P10000025856</u>
The enclosed 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)
Al A Elevator Company Corp. (Name of Firm/Company)
950 South Pine Island Rd (Address)
Plantation, FL, 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) \$46-93/6 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

14 HOV 26 PM 3: 43

1, Jose A Tautiva	, hereby resign as	VP RE
,		(Title)
of ALA Elevator	Company Corp.	
0	, a corporation organized under the	ne lows of the State of
(Document Number, if known)	, a corporation organized under th	ic laws of the State of
Florida.		
	^	
	1 -1 - 1 - 1	

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