

P11000063623

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

off. Resign.

TBrown 8-9-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Certified Audits, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P11000063623

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aurice Goyos

(Name of Person)

American Certified Audits, Inc.

(Name of Firm/Company)

2240 West Woolbright Road Suite 353

(Address)

Boynton Beach, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Goyos _____ at (954) 778-5141
(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:
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**

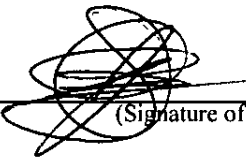
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TALLAHASSEE, FLORIDA

I, Jose Goyos, hereby resign as Manager
(Title)

of American Certified Audits, Inc.
(Name of Corporation)

P11000063623, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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