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COVER LETTER

SUBJECT: All Family Adventures Ince

(Name of Corporation)

DOCUMENT NUMBER: P/2 COCO6/165

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

Please return all correspondence concerning this matter to the following:

Fmily Paws EN

(Name of Person)

BARCO'S ACCOUNTING

(Name of Firm/Company)

1861 PLACIDA Rd # 201

(Address)

ENGLE: WOOD, FL 34223

(City/State and Zip Code)

For further information concerning this matter, please call:

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, <u>Emi</u>	ly Paul	SEN, heroby i	resign as	Sec re	tary
	1				(Title)
of	Family	ne of Corporation)	ives	Inc	1
P/2.00 (Document	0061165 Number, if known)	, a corporation orga	anized unde	er the laws of th	e State of
Flo	rida.	•			

Emily Poulter
(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