

PO80000006998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

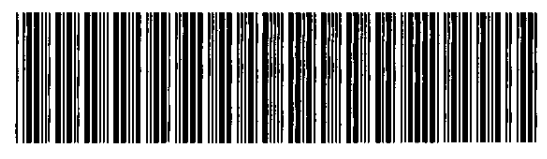
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 OCT 24 AM 11:37

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@ 10/24/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL IMPACT GLASS, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000006998  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

BRADFORD J. CROMPTON  
\_\_\_\_\_  
(Name of Person)

ALL IMPACT GLASS, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

6451 EAST ROGERS CIRCLE, SUITE 10  
\_\_\_\_\_  
(Address)

BOCA RATON, FL 33487-2601  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRADFORD J. CROMPTON at ( 561 ) 716-6367  
\_\_\_\_\_  
(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**

I, JASON C. ASBURY, hereby resign as DIRECTOR  
(Title)

of ALL IMPACT GLASS, INC.  
(Name of Corporation)

P08000006998, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 24 AM 11:37

**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