

P07000089164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

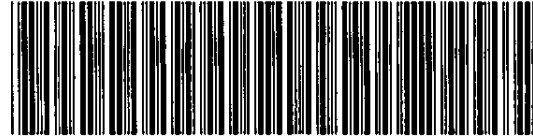
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Q/D-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Able Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000089164

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

Please return all correspondence concerning this matter to the following:

Robert DeMatti
(Name of Person)

(Name of Firm/Company)

4020 5th AVE N.
(Address)

St. Petersburg, FL. 33713
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert DeMatti at (727) 641-9829
(Name of Person) (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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert DeMatti, hereby resign as President
(Title)

of Able SOLUTIONS INC
(Name of Corporation)

P07000089164, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Robert DeMatti
(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

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