P02000086351

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700023442437

10/08/03--01035--008 **35.00

FILED

03 OCT -8 AM 8: 49

SECKLEDAY OF STATE

officer Resignation

T BROWN OCT 1 4 2003

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: ALLIED MONIFORING, INC (Name of Corporation)
	CUMENT NUMBER: POZOGOBG35/
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
	(Name of Person)
	(Name of Firm/Company)
	2406 NW 12 nd AVE (Address)
N-vi-	MIAMI FL 33122 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
	Name of Person) at (205) 468-9663 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis P.O.	ing Address: Indirect Section Indirect S

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

O3 OCT -8 AH 8: 49 DALE A. SCHOIEGEA, hereby resign as (Name of Corporation) <u> P0200008635 /</u> _____, a corporation organized under the laws of the State of (Document Number, if known) FLORIDA

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