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(Requ	uestor's Name)			
(Addr	ress)			
(Address)				
(City)	State/Zip/Phon	(A #)		
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certified Copies Certificates of Status			
Special Instructions to Fi	ling Officer	1		
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Office Use Only



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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	3			
SUBJ	JECT: AlliqueE	World WIDE (Name	Do west	igative Group	Inc.
	UMENT NUMBER:			A 2900375	
The er	nclosed Officer/Director R	esignation for a C	Corporation a	and fee are submitted	for filing
Please	e return all correspondence	concerning this r	natter to the	following:	
	MARIO PECO	MANO			
	(Name of l	•			
	Alliance (worldwide D	u vestigns	ve Gray Due.	
	(Name of Firm	(Company)			
	4 (Executive 7	Auk Di	ive	
	(Addre	Cliffon 7	ank, M	_12065	
	(City/State and	l Zip Code)			
For fu	orther information concerni	ing this matter, plo	ease call:		
	Mario Pecasa (Name of Person)	ພ at (_	(Area Code &	574- J944 & Daytime Telephone	Number)
Enclo	sed is a check for \$35.00 n	nade payable to th	ne Florida De	epartment of State.	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

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

OFFICER / DIRECTOR RESIGNATION 12: 29 FOR A CORPORATION 22 PM 12: 29
FOR A CORPORATION 2013 JUL 22 PM 12: 29 SEE THE STATE FALL AHASSEE. FLORIDA
TALLAHASSEE. PLO
1,, hereby resign as UP
of Allimic Worldwide Droethquite Crup Dic.
(Name of Corporation)
(Document Number, if known) ———————————————————————————————————
Joeco Mara
(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