

M.64007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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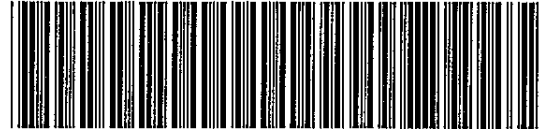
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACT ASSISTANCE, INC
(Name of Corporation)

DOCUMENT NUMBER: M 64 007

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

Please return all correspondence concerning this matter to the following:

PAUL P KAUSHIK OR DAVE KAUSHIK
(Name of Person)

ACT ASSISTANCE INC
(Name of Firm/Company)

POB 17481
(Address)

TAMPA FL 33682
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVE OR PAUL KAUSHIK at 813, 977-5566
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAUL P. KAUSHIK, hereby resign as PRESIDENT / SECRETARY
(Title)
of ACT ASSISTANCE, INC.
(Name of Corporation)
M 64007, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

P. Kaushik
(Signature of resigning officer/director)

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05 JUL 12 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, 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

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