

N030000008793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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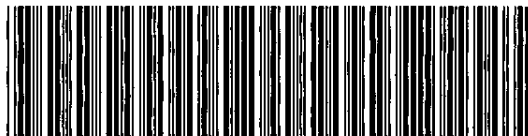
(Business Entity Name)

(Document Number)

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08 MAY 16 AM 11:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAY 23 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Alliance for People with Disabilities, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 1103000008793

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

Please return all correspondence concerning this matter to the following:

Carl Hoffman, Chief Operating Officer

(Name of Person)

American Alliance for People with Disabilities, Inc.

(Name of Firm/Company)

370 W. Camino Gardens Blvd. Suite 100

(Address)

Boca Raton, Florida 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

Carl Hoffman, COO

(Name of Person)

at (561) 392-2022

(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

FILED
ON 08 MAY 16 AM 11 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Nancy Romance
(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