1104588

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

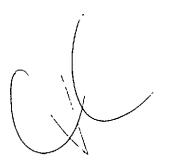
Office Use Only



600429184036

05/97/24--01022--009 **35.00





TRANSMITTAL LETTER

SUBJECT:	(Name of Cor	poration)	
DOCUMENT NUMBER: NO4!	588		
The enclosed Officer/Director F		tion and fee are submitte	ed for filing.
Please return all correspondence			
Joseph Sleiman			
(Name of	Person)		
Greenspoon Marder LLP			2
(Name of Fire	n/Company)		024
201 E. Pine Street, Suite 500			2024 MAY
(Addr	ess)		
Orlando, FL 32801			AM 10: 56
(City/State ar	d Zip Code)		
For further information concern	ning this matter, please ca	ill:	56
Joseph Sleiman	407 at (425-6559	
(Name of Persor) (Area	J Code & Daytime Telephor	ne Number)

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Thomas Dugan	DST , hereby resign as				
l	, itereby resign as	(Title)			
AMERICANA COMMERCIAL	L ASSOCIATION, INC.		<u>_</u> .		
	(Name of Corporation)				
N04588	a compration organized under the laws of	, a corporation organized under the laws of the State of			
(Document Number, if know	υπ) , a corporation organized under the laws or				
Florida					
	·				
	(Signature of Josiusing officer/director)	_			
		20 :			
		2024 MAY			
		TAY.	<u> </u>		
		- 7	1		
	FILING FEE 1S \$35.00	<i>J</i>	3*1		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: