N0700011288

(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:





800134806548

08/25/08--01042--007 **35.00

officer Resignation
TB 8/29/08

#35-ANGENCEAKERS ACET

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ARTBREAKERS, ARTS FOR THE CAUSE, IDOR (Name of Corporation)
DOCUMENT NUMBER: NO 700001/288
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ries FHS (Name of Person)
AerBreakers Arnsts for The Cause, INC. (Name of Firm/Company)
P. O. Box 840066 (Address)
ST Augustive FL 32080 (City/State and Zip Code)
For further information concerning this matter, please call:
Rie THS at (904) 377-2431 (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

SECRETARY OF STATE FOR A CORPORATION (Document Number, if known) ____, a corporation organized under the laws of the State of AQUIG

OFFICER / DIRECTOR RESIGNATION

FILING FEE IS \$35.00

ignature of resigning officer/director)

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

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