N08000001286

| (Requ | iestor's Name) | | | |
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| (Addr | ess) | | | |
| (Addr | ess) | | | |
| (City/s | State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busin | ness Entity Na | me) | | |
| (Document Number) | | | | |
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SECRETARY OF STATE ORIGINATE

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Resign.
5-8-09

COVER LETTER

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|--|
| SUBJECT: Affordable Independent Living Inc (Name of Corporation) DOCUMENT NUMBER: NO800001286 |
| DOCUMENT NUMBER: NO800001286 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Stacie Mulins (Name of Person) |
| GCM |
| (Name of Firm/Company) |
| 1531 Tamiami TrS # 703 |
| Venice FL34285 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Stack Mullins at (94) 492-5220 (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Ed | Jacob: | 5 | , hereby re | sign as | Presig | Jen Title) | + | _ |
|----|------|--|--------------|-----------------------|---------------|--------|-----------------|------------|----------|
| of | af | Fordab | Name of Corp | depen | dent | Livin | ٩, | Inc | <u>,</u> |
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| | | | (Signator | e of resigning offi | cer/director) | , | CRETAR LAHAS | 08 MAY - 1 | |
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| | | | | | | | AT | 12 | |

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