

ND9000006565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

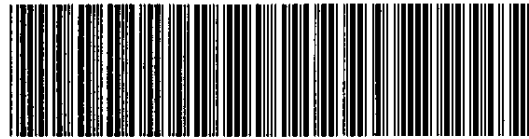
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800210754218

08/08/11--01051--009 **70.00

FILED
2011 AUG -8 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TBrown 8-10-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AL-AMIN CENTER OF FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: N09000006565

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

Please return all correspondence concerning this matter to the following:

DANIEL DIAZ DE LA ROCHA, CPA

(Name of Person)

DANIEL DIAZ DE LA ROCHA, CPA

(Name of Firm/Company)

290 NW 165 ST., MEZ. 100

(Address)

MIAMI, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL DIAZ DE LA ROCHA, CPA at (305) 949-9155

(Name of Person)

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2011 AUG -8 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MOHAMMED AYUB KHAN, hereby resign as DIRECTOR
(Title)

of AL-AMIN CENTER OF FLORIDA, INC.
(Name of Corporation)

N09000006565, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X M. Khan
(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