N14000010746

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100298675941

05/03/17--01004--011 **35.00

PILED
2011MAY -2 PH 12: 59
SECRETARY OF STATE



MAY 05 2017 I ALBRITTON

TRANSMITTAL LETTER

SUBJECT: Allionce Evon Gelique International, INC (Name of Corporation)
DOCUMENT NUMBER: N/4000010746
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Schubert Liska V (Name of Person)
(Allionce Frongelique International, INC) (Name of Virm/Company)
1020 NOF 127 ST A/1#2 (Address)
North Miomi, FL 33/6/ (City/State and Zip Code)
For further information concerning this matter, please call:
SCHUDERT LISKU at (786) 605 83 26 (Name of Person) at (786) 605 83 26 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. SCHUBERT LISKA, hereby resign as Secreto	(Title)	
of Allionce Evongelique International	, lake.	_,
(Document Number, if known), a corporation organized under the laws of		
Florida.		
(Signature of resigning officer/director)		
	SECRE TA	T
	-2 PHE	ED
FILING FEE IS \$35.00	207	

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

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