N150000004914

(Re	equestor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100278100421

10/15/15--01006--005 **35.00

2015 OCT | 5 PM | 2: | 8
SECRETARY OF STATE



OCT 15 2015 I ALBRITTON

TRANSMITTAL LETTER

•

TO: Amendment Section Division of Corporations
SUBJECT: ASK US FLORIDA Inc (Name of Corporation)
DOCUMENT NUMBER: N 150000 4 916
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Mont! (Name of Person)
(Name of Firm/Company) 6440 65 th Square (Address)
Ven Bench El 32967 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Monti at (772) 971-0014 (Name of Person) at (772) 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
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michael Monti, hereby resign as AR
(litle)
of ASK US FLORIDA, Inc. (Name of Corporation)
10000004916, a corporation organized under the laws of the State of (Document Number, if known)
Florida.
(Signature of resigning officer/director)
(Signature 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