

N96000003286

(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



000159306700

000159306700
08/27/09--01013--003 **35.00

FILED
09 AUG 27 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/28/09
DD

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL ABOUT ADOPTIONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N96000003286

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

Please return all correspondence concerning this matter to the following:

BARRY SCHWEIROV
(Name of Person)

(Name of Firm/Company)

2529 JARDIN DRIVE
(Address)

WESTON, FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY SCHWEIROV at (954) 328-8573
(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

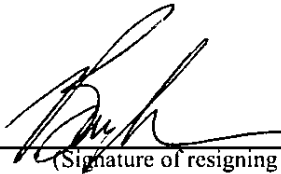
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BARRY SCHWEIRON, hereby resign as DIRECTOR
(Title)

of ALL ABOUT ADOPTIONS, INC
(Name of Corporation)

N 9600000 3286, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
09 AUG 27 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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