N97000001752

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cìt	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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05/24/05--01072--006 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Avante Child Care and Learning Center, Inc. (Name of Corporation)
DOCUMENT NUMBER: N97000001752
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tina Huffaker (Name of Person)
Avante Group Inc. (Name of Firm/Company)
4000 Hollywood Blvd. #540N (Address)
Hollywood, Florida 33021 (City/State and Zip Code)
For further information concerning this matter, please call:
Tina Huffaker at (954) 987-7180, Ext. 219 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Darren Caruso</u>	, hereby resign as <u>Treasurer/Director</u> (Title)		
of <u>Avante Child Care</u> a	nd Learning Center, Inc. (Name of Corporation)	,	
N9700001752 (Document Number, if know	, a corporation organized under the laws of	the State of	
Florida	·		
	(Signature of resigning officer/director)	FILED 05 MAY 24 PM 1: 16 SECRETARY OF STATE TALLAHASSET 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