

N9900000 4321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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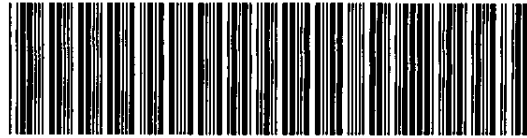
(Business Entity Name)

(Document Number)

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T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Stars Academy Inc.
(Name of Corporation)

DOCUMENT NUMBER: N9000004321

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

Please return all correspondence concerning this matter to the following:

Patricia Snell

(Name of Person)

All Stars Academy Inc

(Name of Firm/Company)

19713 N.W. 37th Ave

(Address)

Miami-Gardens, FL 33056

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Snell

(Name of Person)

at (305) 794-9052

(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

Street Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Patricia Snell, hereby resign as Director
(Title)

of All Stars Academy Inc.
(Name of Corporation)

N9000004321, a corporation organized under the laws of the State of
(Document Number, if known)

~~N9000004321~~ FLORIDA

Patricia Snell
(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