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TO:

Amendment Section Division of Corporations

SUBJECT: ALL EVENTS CATETING, INC. (Name of Corporation)
DOCUMENT NUMBER: POODOO 23940
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
All Events Catering, Inc.
1301 5. 784 54. (Address)
Tampo, FL 33619 (City/State and Zip Code)
For further information concerning this matter, please call: Page
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
Enclosed is a sett-addressel, stamped envelopet- Please Return a date stamped copy of the Resignation form.
CRZE044(08/05) + And An And An Extra copy of the Extra copy of the form form

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jim Spak	, her	eby resign as	Vice Presi	dest
of ALL EVENTS (ATERING ame of Corporation)	INC.		
(Document Number, if known)	, a corporation	organized under th	e laws of the Stat	e of
7 101001		om ormas	CRETARY	FIL SÉP-S
	Mines Apa	fing officer/director)	OF STATE	# D 00 € #
	(Signature of resign	Affing officer/director)	ASSEE, FLORIDA	7-5 ## \$ 08

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

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