P00000084307

(Re	equestor's Name)	
(Ad	ldress)	A W. C. L. L. T. T. L.
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
·		
(Do	ocument Number)	
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SECRETARY OF STATE
DIVISION OF ORPORATIONS

COVER LETTER

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

Amendment Section

TO:

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TACY J. LAMONT at (407) 408-8002
(Name of Person) (Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, STACY J. LAMONT, hereby resign as Vice- PRESIDENT (Title)		
of All Pro Employment SERVICES, INC. (Name of Corporation)		
(Name of Corporation) PODODO 8 6307, a corporation organized under the laws of the State of (Document Number, if known)		
Florida.		

(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

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