PD0000109484

(Requestor's Name)		
(Address)	<u>.</u>	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
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FILEO SECRETARY OF STATE FALLAHÀSSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 10, 2009

SILFIDES CRUZ 8661 YUKON CT. ST. JAMES CITY, FL 33956

SUBJECT: ALL FILES CONSULTANT, INC. Ref. Number: P00000109484

We have received your document for ALL FILES CONSULTANT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must sign the document as SILFIDES CRUZ to reflect our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 509A00027205

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALL FILES CONSULTANT INC. (Name of Corporation):
DOCUMENT NUMBER: P00000 109 484
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SILFIDES CRUE: (Name of Person)
(Name: of Firm/Company)
B661: YUKON CT
(Address)
ST. JAMES, CUTT: FL 33956 (City/State and Zip Code)
For further information concerning this matter, please call?
Situriores CRUZ at (* 239) 31:3 - 0105 (Area Gode & 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 Post Office Böx 6327 Tallahassee; FL 32814

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER:/DIRECTOR:RESIGNATION FOR:A: CORPORATION

I, SINFIDES CRUZ hereby resign as VICE PRESIDENT (Title)	T.
of AILL FILES CONSULTANT INC. (Name of Corporation)	_,
Poooolo9484 , a corporation organized under the laws of the State of (Document Number; if known).	
FLORIDA	
Sujidis R. Egala (Signature of resigning officer/diffector). Sujiding R. May	SECRETARY OF STALLAHASSEE, FI
FILING FEE IS \$35.00	T: OS PATE

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

Amendment Section:
Division of Corporations
P.O: Box:6327'
Tallahassee; Florida:32314

State of 1011da	. County of Lee
The foregoing instrument	was acknowledged before
me this 210 day of AU	- <u> </u>
known or produced D	whom is personally
Melly	
Notary Signature	
U	1

