## P01000023076

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M/ Rid Resign



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## **COVER LETTER**

Division of Corporations
SUBJECT: U.S.A. Arto Care TUC. (Name of Corporation)
DOCUMENT NUMBER: POLOGOO33076
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WISAM FADOR (Name of Person)
USA. Acto Care, INC. (Name of Firm/Company)
10301 NW 50 St Ste 101 (Address)
Sun rise F1 33351 (City/State and Zip Code)
For further information concerning this matter, please call:
Nor Albandok'i at (954) 578-3323 (Name of Person) at (954) Daytime Telephone Number)
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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, <u>Wis</u>	MA	FAOOR		, hereby r	esign as_	Vice	(Title)	eNT	
of	<u>(), 5.</u>	A. Auto	CA Ce	Twe,			<del></del>	,	*
		3 07 G er, if known)	, a corp	poration orga	anized und	ler the laws	of the Stat	e of <b>6</b>	SE WARRANT
- FLO	RE DX	<u> </u>					Ĭ.		* (T)
			8_		•				(5.0°)
	_	do	Signature	of resigning of	ficer/directo	or)	<del></del>	O'A	

## 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