

PO10000 79068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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AND
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15 MAR 10 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2015
T. LEMMEY
DO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADA Compliance Specialists, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P01000079068

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

Please return all correspondence concerning this matter to the following:

David Goldfarb, President

(Name of Person)

(Name of Firm/Company)

6767 SW 144 Street

(Address)

Miami FL 33158

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Goldfarb

(Name of Person)

at (**786**) **457-2174**

(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

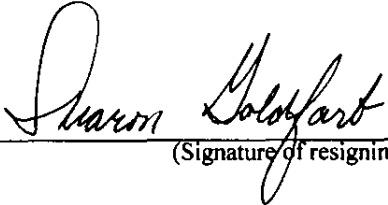
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sharon Goldfarb, hereby resign as Sec/Dir
(Title)

of ADA Compliance Specialists, Inc.
(Name of Corporation)

P01000079068, 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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