

PO\000079068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

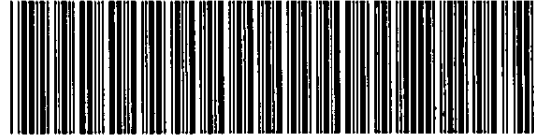
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*o/o Resignation*

FEB 25 2016

D CUSHING

## 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 at (786) 457-2174  
(Name of Person) (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

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TALLAHASSEE, FLORIDA


**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)

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TALLAHASSEE, FLORIDA

**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