## P0100085.705

(Requestor's Name)				
(Address)				
(Address)				
· ·	,			
	·			
(City/State/Zip/Phone #)				
	<b>—</b>	<b>—</b>		
☐ PICK-UP	WAIT	MAIL		
(Business Entity Name)				
<b>(</b>	,	,		
(DC	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special instructions to	Filing Officer:			
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Office Use Only



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OS OCI 24 AN II: 29
SECRETARY OF STATE
ANTI AHASSFE, FLORIDA

10/27.

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: U.S.VISA CENTER, INC
	(Name of Corporation)
DOG	CUMENT NUMBER:
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
PA	UL J. SVEJDA
	(Name of Person)
U.S	S.VISA CENTER,INC
	(Name of Firm/Company)
286	69 FALLING TREE CIRCLE
	(Address)
OR	LANDO, FL 32837
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
PAU	JL J SVEJDA at (407 ) 346-8783  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	et Address: Indirect Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι, _	ALAN COLIN TILLEY	, hereby resign as_PRESIDEN	, hereby resign as PRESIDENT	
of_		PORATED me of Corporation)	(Title)	
, a corporation organized under the laws of the State (  (Document Number, if known)				
		(Signature of resigning officer/director)	THE REPRETARY OF STATE	

## 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