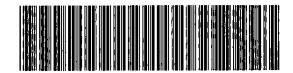
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(Requestor's Name)	
(Address)	
(Address)	
(Cib. (Chaba / Zin / Chana dh	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

Amendment Section Division of Corporations

TO:

	. *	
SUBJECT: Fasco A/C & Appliance Svce Corp. (Name of Corporation)		
DOCUMENT NUMBER: PO	1000090725	
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.	
Please return all correspondence of	concerning this matter to the following:	
Marlon Barrios		
(Name of Pe	erson)	
Fasco A/C & Appliance Svce (Corp.	
(Name of Firm/C	Company)	
2221 N.E. 164 St. Suite #280		
(Address	s)	
North Miami Beach, Fl. Zip (33	*	
(City/State and 2	Zip Code)	
For further information concerning	g this matter, please call:	
Marlon Barrios	at (305) 525-8840 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 ma	ade payable to the Florida Department of State.	
Street Address: Amendment Section	Mailing Address: Amendment Section	
Division of Corporations Clifton Building	Division of Corporations	
Clifton Building 2661 Executive Center Circle	Post Office Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	A CHARACTER OF A TOTAL T	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE. FLORIDA

(Title)

I, Marlon Barrios	, hereby resign as Secretary
	(Title)
of Fasco A/C & Appliance Svce C	
(Name	of Corporation)
P01000090725 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	→

FILING FEE IS \$35.00

igning pricer/director)

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314