

PO2000088093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

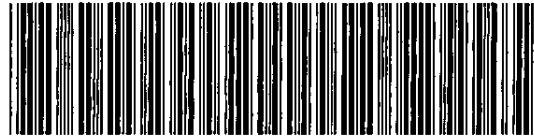
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/11/07--01023--021 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 11 PM 3:54

FILED

49

Officer Reason
Erin Murphy
12/13/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AES OF LEE COUNTY, INC
(Name of Corporation)

DOCUMENT NUMBER: PD2000088093

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

Please return all correspondence concerning this matter to the following:

ENRIQUE PEDRAZA
(Name of Person)

AES OF LEE COUNTY, INC.
(Name of Firm/Company)

1910 NE 17th PLACE

(Address)

CAPE CORAL, FL 33909
(City/State and Zip Code)

For further information concerning this matter, please call:

ENRIQUE PEDRAZA at (239) 560 4559
(Name of Person) (Area Code & 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

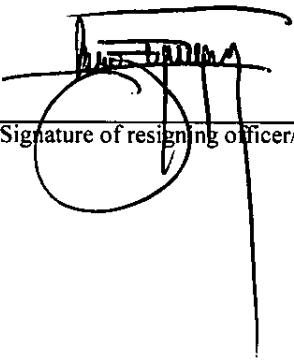
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ENRIQUE PEDRAZA, hereby resign as VICE-PRESIDENT
(Title)

of AES. OF LEE COUNTY, INC
(Name of Corporation)

P02000088093, 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

FILED
07 DEC 11 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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