

PO2 000088093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100133967821

08/07/08--01007--023 **35.00

APPROVED AND FILED
08 AUG -7 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight AUG 12 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.E.S. OF LEE COUNTY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000088093

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 D PEDRAZA
(Name of Person)

A.E.S. OF LEE COUNTY, INC.
(Name of Firm/Company)

3607 9TH ST SW
(Address)

LEHIGH ACRES FL 33976
(City/State and Zip Code)

For further information concerning this matter, please call:

ENRIQUE D 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG - 7 AM 8:57

APPROVED
AND
FILED

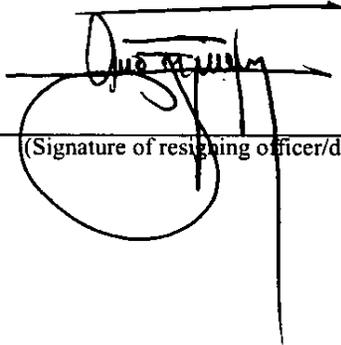
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

of A.E.S. 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG - 7 AM 8:57

APPROVED
AND
FILED

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