102000088093

	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500135322755

09/05/08--01030--007 **35.00

DA/Ris Resign

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Roberts SEP 1.0/2009

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: A.E.S OF LEE COL	JNTY, INC. (Name of Corporation)
DOCUMENT NUMBER: P02	000088093
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
ABEL SIERRA	
(Name of Per	son)
A.E.S OF LEE COUNTY, INC.	
(Name of Firm/Co	ompany)
3367 DANDOLO CIRCLE	
(Address)	
CAPE CORAL, FL 33909	
(City/State and Zi	ip Code)
For further information concerning	this matter, please call:
ABEL SIERRA	at (239) 825-5215 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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

PILED 08 SEP - 5 PM 12: 82 ALLAHASSEE, FLORIDA DENT

FELICIA C. HERNANDE	Z, hereby resign	n as PRESIDENT	CUP
	,e.es) 1esig	(Title)	
of A.E.S OF LEE COUNT	Y, INC		
	(Name of Corporation)		,
PO2000088093 (Document Number, if known	, a corporation organize	ed under the laws of the State	of
FLORIDA			

gnature of resigning office director)

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