(FD)W)//73/

(Requestor's Name)		
(Address)	800133129648	
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)	07/21/0801032024 **35.00	
(Document Number)		
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COVER LETTER

Amendment Section Division of Corporations

TO:

ALL COUNTY DEMEDIA	TION INC
SUBJECT: ALL COUNTY REMEDIA	(Name of Corporation)
DOCUMENT NUMBER: P0200011	1731
	n for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
DANIEL BULZACCHELLI	
(Name of Person)	
ALL COUNTY REMEDIATION, INC	
(Name of Firm/Company	')
215 NE 32 CT	
(Address)	
FORT LAUDERDALE, FL 33334	
(City/State and Zip Code	*)
For further information concerning this m	atter, please call:
DANIEL BULZACCHELLI	at (954) 214-5577
(Name of Person)	at (954) 214-5577 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
Division of Corporations Div Clifton Building Pos	endment Section ision of Corporations t Office Box 6327 ahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Donny Reich , hereby resign as Vice Preside		
<u> </u>	, neroby resign as(Titl	e)
of All County Remediation, Inc	•	
(Na	me of Corporation)	
P02000111731	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida	·	, ~>
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		ARE DE
		SSRY
Dan	eld Reich	是 日
	(Signature of resigning officer/director)	7: 03

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