Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEL MONTE FRESH PRODUCE COMPANY

Account Number : 120000000225 Phone : (305)520-8056 Fax Number : (305)448-6647

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## **5 COR AMND/RESTATE/CORRECT OR O/D RESIGN** ASD FINANCIAL SERVICES CORP

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ASD FINANCIAL SERVICES CORP.	
(Name of Corporation)	
DOCUMENT NUMBER: P02000115173	
The enclosed Officer/Director Resignation for a Corporation and i	fee are submitted for filing
Please return all correspondence concerning this matter to the following	owing:
Jeffrey S. Bailey	
(Name of Person)	
c/o The Bailey Law Group, PLLC	
(Name of Firm/Company)	
PO Box 140848	
(Address)	
Coral Gables, FL 33114	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Jeffrey S. Bailey at ( 305 ) 520	0-8155 aytime Telephone Number)
(Name of Person) (Area Code & Da	aytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Depar	tment 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

Robinson Seales	hereby resign as Dire	Director	
1,	, horoby robigit wo	(Title)	
of ASD Financial Services Corp	) <b>.</b>		
(Nam	e of Corporation)	•	
P02000115173	, a corporation organized under th	e laws of the State of	
(Document Number, if known)	•		
Florida			

(Signature of realgning officer/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