

| (Requestor's Name) |
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| |
| (Address) |
| - Allabre ID, Inc. 347 Chyrlea Rd - Jacksonwille, FL B2216 |
| 347 Gluntea Rd |
| - ACIONSONIELLE, FL BORIG |
| The contract of the contract o |
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| _ |
| (Business Entity Name) |
| , |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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04/01/03--01020--021 **35.00



TRANSMITTAL LETTER

| то: | Amendment Section Division of Corporations |
|-------------------------|--|
| SUB. | JECT: ALL TREE ID, INC. |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: |
| The e | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Pleas | e return all correspondence concerning this matter to the following: |
| JAN | IET R. LINSENBIGLER |
| | (Name of Person) |
| ALL | . TREE ID, INC. |
| | (Name of Firm/Company) |
| 347 | GLYNLEA ROAD |
| | (Address) |
| JAC | CKSONVILLE, FL 32216 |
| | (City/State and Zip Code) |
| For fi | urther information concerning this matter, please call: |
| DEL | ORES S. WELCH at (904) 721-6556 |
| | ORES S. WELCH at (904) 721-6556 (Area Code & Daytime Telephone Number) |
| Enclo | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Amer Divis P.O. J | Ing Address: Independent Section It is in of Corporations It is in of C |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| L BENNIE W. BAGLEY | , hereby resign as | SECRETARY/TREASURER |
|-----------------------------|--------------------------|-------------------------------|
| | <u></u> | (Title) |
| of ALL TREE ID, INC. | | |
| | Corporation) | |
| (Document Number, if known) | corporation organized un | nder the laws of the State of |
| FLORIDA | | |
| | | |

(Signature of resigning 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