## P02000134141

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
•						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
· <del></del>						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE

T. Roberts J.W 19 2007

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Associated Broker Services ex America Suc (Name of Corporation)
DOCU	JMENT NUMBER:
The en	aclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
<del></del>	(Name of Person)
	(Name of Firm/Company)
	4701 Summer Loke Ct (Address)
	Tumpa FL 33624 (City/State and Zip Code)
For fur	rther information concerning this matter, please call:
	(Name of Person) at (8/3) 644-869 7 (Area Code & Daytime Telephone Number)
Enclos	sed 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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

07 JUN 14 AM 11: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I,	GAil Green	, her	eby resign as	President
of	Associated Broker (Name			(Title)
	(Document Number, if known)	, a corporation	n organized under t	he laws of the State of
	FL	·		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314