P0300001482

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

Office Use Only



200131168742

06/13/08--01011--015 **35.00



OffResign Thereis 6/16/08

COVER LETTER

Amendment Section

Division of Corporations

TO:

ASSOCIATION SOLUTIONS OF CENTRAL FLORIDA, INC. (Name of Corporation) P03000001482 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARK HILLS (Name of Person) ASSOCIATION SOLUTIONS OF CENTRAL FL INC. (Name of Firm/Company) PO BOX 452847 (Address) KISSIMMEE, FL 34745-2847 (City/State and Zip Code) For further information concerning this matter, please call: MARK HILLS (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



MINETTA GARAY	, hereby resign as	SECRETARY/TREASURER
.,	, nereby reargn as_	(Title)
of ASSOCIATION SOLUTIONS OF CEN		INC.
P03000001482 , a corpo	oration organized un	der the laws of the State of
(Document Number, if known)		
FLORIDA		
Minite of	arael	

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