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| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------------------------------|---|
| | 05-10-2008 |
| SUB. | JECT: All Elevator Interiors, Inc. |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: 90-0114426 |
| 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: |
| Mila | igros Rodriguez |
| | (Name of Person) |
| All E | Elevator Interiors, Inc. |
| | (Name of Firm/Company) |
| 734 | 0 Carlyle Ave. #1 |
| ********** | (Address) |
| Mia | mi Beach, Florida 33141 |
| | (City/State and Zip Code) |
| For f | urther information concerning this matter, please call: |
| ,Mila | gros Rodriguez at (786) 543-0451 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Amer Divis Clifto 2661 | Mailing Address: Independent Section Identify |

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | , hereby resign as President (Title) |
|--------------------------------------|--|
| ofAll Elevator Interiors, Inc. | rporation) |
| (Document Number, if known) Florida | corporation organized under the laws of the State of ARY OF STATE ASSEE, FLORIDA |
| Signa | ure of resigning o |

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