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(Re	equestor's Name)	
(Ad	ldress)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
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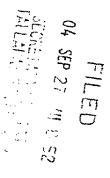


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Off Resign



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ATOCH	A, Wc. une of Corporation)
DOCUMENT NUMBER: P0300	000 84983
The enclosed Officer/Director Resignation for a	a Corporation and fee are submitted for filing
Please return all correspondence concerning this	s matter to the following:
KRISTY JASTER (Name of Person)	
ATO CHA, INC. (Name of Firm/Company)	<u> </u>
10447 S.W. 53RD (Address) COOPER CITY PC.	57,
COOPER CITY PC. (City/State and Zip Code)	3332-8
For further information concerning this matter,	please call:
KR(STY JASTER at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to	the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Of SEP 27 M 8 52 I, KRISTY JASTER, hereby resign as____ Po3 boo 84 983
(Document Number, if known), a corporation organized under the laws of the State of PLORIDA

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