## PO300098831

(Requestor's Name)				
(Address)				
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· (Cit	y/State/Zip/Phone	e#)		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FIL-AM MANPO	OWER ADVOCATES, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	P03000098831
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Alex C. Dela Cruz, S	r.
(Name of Person)	
Fil-Am Manpower Advocate	es, Inc.
(Name of Firm/Company)	
4125 Ruby Drive Wes	t
(Address)	
Jacksonville, Florida 322	46
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Alex C. Dela Cruz, Sr.	at ( 904 \ 641-4368
(Name of Person)	at ( 904 ) 641-4368 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.
Division of Corporations Division P.O. Box 6327 Division Of Corporations Division P.O. Box 6327 Division Of Corporations Division Of Corporation Division Divisio	t Address: diment Section on of Corporations . Gaines Street nassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι,	Belle B. Almojera	, hereby resign as	President
~·		in the state of th	(Title)
of	Fil-Am Manpowe		
	(Name o	of Corporation)	
	P03000098831	_ a corporation organized under the	he laws of the State of
	(Document Number, if known)		
	Florida		
			O4.
			LAHAS
	<u> Pelle</u>	B. Almajera gnature of resigning officer/director)	SEE, F
	(4.	Seminal or residential Assessive months.	3: 40 STATE FORID

## 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