## P03000130227

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ry/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



400234505194

05/03/12--01028--007 \*\*35.00

Mesignation 06 officer

12 MAY -3 PM 1: 15

12 MAY -3 PM 1: 15

12 MAY -3 PM 1: 15

PILED 2

## **COVER LETTER**

Division of Corporations						
SUBJECT: Al- HATT SOLVICE INC. INSTRUMENT INC.						
DOCUMENT NUMBER: <u>P03660130227</u>						
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ARI Shabazz (Name of Person)						
Many of Firm/Company)						
G20 Preston St. (Address)						
Tallahassoe F1 32304 (City/State and Zlp Code)						
For further information concerning this matter, please call:						
ART Shabazz at (#50) 933-8572 (Area Code & Daytime Telephone Number)						

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 12 HAY -3 PM 1: 35

SECRETARY OF STATE TALBAHASSEE. PLORIDA

Ι,	AR'I	Shabaz	.7	, hereby resign as	Presendant
					(Title)
of	Al-	HATT	Sorv. (Name of Corpo		<u>v.                                    </u>
P03	OOO 13	ber, if known)	_, a corporatio	on organized under t	he laws of the State of
FI	orida		_•		
	<del></del>	Ou	Signature of r	esigning offider/director	
			7.57		1)

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