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(Re	questor's Name)	
(Ad	dress)	
		_
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: All Jani Inc. (Name of Corporation)
DOCUMENT NUMBER: 104000 000 000
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gloria Woller (Name of Person)
All Jani Inc (Name of Firm/Company)
10441 Mahogany Key Circle
Miami, Fl - 33196 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (7 &) 34-4-911 & (Area Code & Daytime Telephone Number)

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

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Clovia Moller hereby resign as Vice Desident
of All Jani Inc. (Name of Corporation)
PO4-000 100 0 7 . a corporation organized under the laws of the State of (Document Number, if known)
Florida
18 AUG /5 AH 8: 2 Signature of resigning officer/director) Signature of resigning officer/director)

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
Tableton and Elegiste 23334

Tallahassee, Florida 32314