P04000020529

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	s
SUBJECT: A&A HOME REI	PAIRS ALL WAYS, INC (Name of Corporation)
DOCUMENT NUMBER:	(Name of Corporation) P0400020529
	Resignation for a Corporation and fee are submitted for filing.
riease return an correspondenc	e concerning this matter to the following:
ACOSTA LUIS F.	
(Name of	Person)
A & A HOME REPAIRS AL	L WAYS INC
(Name of Fin	n/Company)
8380 FORT THOMAS WAY	•
(Addr	ess)
ORLANDO FL. 32822	
(City/State an	d Zip Code)
For further information concern	ing this matter, please call:
LUIS F. ACOSTA	at (407) 382-4386 (Area Code & Daytime Telephone Number)
(Name of Person	(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	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	R/DIRECTOR RESIGNATION FOR A CORPORATION
I, ACOSTA LUIS F.	hereby resign as Vice-President (Title)
of_A&A HOME REPAIRS AL	L WAYS INC, ame of Corporation)
P04000020529 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	t wasta

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314