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(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	ə #)			
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SECRETARY OF STATEMS

DIVISION AFTOR PH 2: 02

COVER LETTER

TO:	Amendment Section Division of Corporations						
		1	11				

SUBJECT: ACE Authentic Monay bills, The (Name of Corporation)

DOCUMENT NUMBER: P0400077724,

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell Kaplan Esq.
(Name of Person)

Russell D. Kaplan PA.
(Name of Firm/Company)

750 Sq 3rd Avenue, #100

Jt. Lauderdete FL 333/6 (City/State and Zip Code)

For further information concerning this matter, please call:

Name of Person) at (954) 763-7777 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Toda Goldman, hereby resign as President	
of Ace Arthertic Manachilia Troc.	
(Name of Corporation)	_ '
PO400077334 , a corporation organized under the laws of the State of (Document Number, if known)	
Poeroia.	

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
Tallahassee, Florida 32314