

P 040008/150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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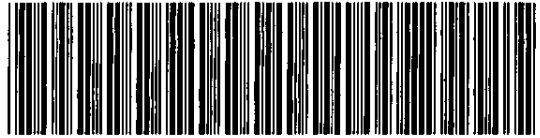
(Business Entity Name)

(Document Number)

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06 JUN 12 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ls 6/15/04  
o/p les.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wade Aliff, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000081150

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

Please return all correspondence concerning this matter to the following:

Wade P. Aliff Wade P Aliff  
(Name of Person)

Wade Aliff, Inc.  
(Name of Firm/Company)

209 N. Samsula Drive  
(Address)

New Smyrna Beach, FL 32168  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wade P. Aliff at ( 386 ) 547-5147  
(Name of Person) (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**

**FILED**  
06 JUN 12 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Victoria S. Aliff, hereby resign as Vice President  
(Title)

of Wade Aliff, Inc.  
(Name of Corporation) *Wade P Aliff*

P04000081150, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

*Victoria Shame Aliff*  
(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