P04000101034

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE ORID.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Atlantic Children's Academy Inc.

(Name of Corporation)

DOCUMENT NUMBER: POHODOLO 3H

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Atlantic Children's Academy Tric

(Name of Firm/Company)

Loss Se Indian Stoot

(Address)

Stoot

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (772)812-0775 (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| , Jude Lautte, hereby resign as Dir ector. | |
|---|--|
| (Title) | |
| or Atlantic Children's Academy Inc (Name of Corporation) | |
| (Document Number, if known), a corporation organized under the laws of the State of | |
| Horida | |

(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