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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
(City	/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





300058182963

08/08/05--01019--021 **35.00

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010 Resign 08/10/05

TRANSMITTAL LETTER

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Amielle Plooff	, hereby resign as VICL PRSIAM +
of Allen Investigation of Corporation	stment Group, Inc.
$()$ \wedge $1)$ \wedge \wedge \wedge $1)$ $1)$ \sim \rightarrow 1	ation organized under the laws of the State of
Florida.	

(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

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SECRETARY OF STATE DIVISION OF CORPORATIONS