## P04000172844

(Re	questor's Name)	***
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECULTARY OF AN 2: 42

OHI Die Resign

MAR 1 0 2014' T. CARTER

## TRANSMITTAL LETTER

Division of Corporations
<sub>SUBJECT:</sub> Aldany, Inc
(Name of Corporation)
DOCUMENT NUMBER: P04000172844
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Alfred Mourid
(Name of Person)
Aldany, Inc
(Name of Firm/Company)
1960-A S.W. 30th Avenue
(Address)
Hallandale, FI 33009
(City/State and Zip Code)
For further information concerning this matter, please call:
Alfred Mourid  (Name of Person)  at (954) 457-8836  (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.

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



14 MAR 10 AM 2: 42

, Daniel Barsu	, hereby resign as President
*,	(Title)
<sub>of</sub> Aldany, Inc	,
	ne of Corporation)
P04000172844 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	Service Stary diseases

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