P0500065994

(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:		

Office Use Only



900055901969

06/20/05--01054--006 **35.00

0

Tenin JUN 22 JUL

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporat	ions
SUBJECT: A & F Labor	Management, Inc.
SOBOLC I.	(Name of Corporation)
DOCUMENT NUMBER:_	P05000065994
The enclosed Officer/Director	or Resignation for a Corporation and fee are submitted for filing
Please return all corresponde	ence concerning this matter to the following:
Allison De Larosiere	
(Name	of Person)
A & F Labor Managemer	nt, Inc.
(Name of I	Firm/Company)
1375 Gateway Boulevard	1, Suite 43
(A	ddress)
Boynton Beach, FL 3342	6
(City/State	and Zip Code)
For further information conc	erning this matter, please call:
Allison De Larosiere	at (561) 536-0573 (Area Code & Daytime Telephone Number)
(Name of Pers	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	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

David Forkey	hereby resign as	President & Treasurer
**	, nereby resign as_	(Title)
of A & F Labor Management, Inc.		
(Name o	of Corporation)	
(Document Number, if known)	_, a corporation organized un	der the laws of the State of
Florida	- *	
(\$	ignature of resigning officer/direc	tor)
F	ILING FEE IS \$35.00	SECTION 20 AM 9. SECTIO
Make checks payable t	o Florida Department of S	tate and mail to:

Amendment Section

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314