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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
05 NOV 21 PM 3: 24

010 Resign. 11/29/05 DC

## **COVER LETTER**

TO: Amendment Section Division of Corporations	_
SUBJECT: A TO Z LIQUIDATORS NC. (Name of Corporation)	<del></del>
DOCUMENT NUMBER: PO 5 0000 8 1 8 4 1	_
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi	ling
Please return all correspondence concerning this matter to the following:	
MARE MEGINNIS (Name of Person)  A TO Z LIQUIDATORS INC. (Name of Firm/Company)	
(Address)	
WIPTEN GALDEN FL 34777-0418 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MAIT NE GINDIS at (407) 467-2227 (Name of Person) (Area Code & Daytime Telephone Numb	er)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	JOHN	ADDEN	) क् <sub>र</sub>	_, hereby re	esign as	PRES	(Title)	<u> </u>	_
of	A 7	ro Z (Name	くしの び e of Corpora	l DATOR	5 /20	<b>2.</b>		,	
P	Oocument N	8/8 4/ umber, if known)	, a corp	oration orga	nized under	the laws o	of the State of	of	
	FLORIS	1 A	•						
	C	John	(Signature o	of resigning of	() () () () () () () () () () () () () (		3	05 NOV 21	FILE SECRETARY I GIVISION OF CO
			FILING:	FEE IS \$35	5 <b>.00</b>			PM 3: 24	OF STATE RPORATIONS

Make checks payable to Florida Department of State and mail to:

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