PXXXXX35

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone		
	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		-C.	

Office Use Only



800075078768

05/24/06--01021--011 **78.75

resignation Officer

FILED

06 MAY 24 PN 4: 56

SECRETARY OF STATE
TAKLANIASSEE, FI DONE

100R 6/2/06

COVER LETTER

TO: Amendment Section Division of Corporations	3
SUBJECT: ADVANCED FLO	DRIDA LIMOUSINE SERVICE, INC.
	(Name of Corporation)
DOCUMENT NUMBER:F	06000023835
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
ELAD LEVI	
(Name of	Person)
ADVANCED FLORIDA LIMO	DUSINE SERVICE, INC.
(Name of Firm	/Company)
16851 NE 23rd AVENUE #	411
(Addre	ess)
NORTH MIAMI BEACH, FL	33160
(City/State and	Zip Code)
For further information concern	ing this matter, please call:
ELAD LEVI	at (954) 444-6012 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

• • • •		
	DIRECTOR RESIGNA R A CORPORATION	ATION AND MARKET PARKS
SIMCHA BITTON	, hereby resign as_	PRESIDENT
ADVANCED FLORIDA LIMOU	•	(Title)
(Document Number, if known)	_, a corporation organized un	nder the laws of the State of
I ORIDA		

(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