

POB 000046598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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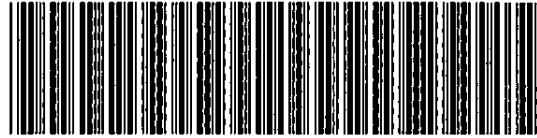
(Business Entity Name)

(Document Number)

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07 OCT -3 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alpha Omega Permits, inc.
(Name of Corporation)

DOCUMENT NUMBER: P 060000 46598

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Germaine Oliver
(Name of Person)

(Name of Firm/Company)

505 S. Pine Island Rd #410
(Address)

Plantation, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Germaine Oliver at (954) 297-8805
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
07 OCT -3 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Armando Cuervo, hereby resign as CFMO
(Title)

of Alpha Omega Permits, Inc.
(Name of Corporation)

P 06000046598, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Armando Cuervo
(Signature of resigning officer/director)

9/27/07

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