P06000083482

(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:							





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2008 FEB IL AM 9: 45
SECRETARY OF STATE

Officer Resignation

TB

2-15-18

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: All Legal Support Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 6 000083482
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fabio B. Azevido (Name of Person)
All Legal Support Services, Inc. (Name of Firm/Company)
950 N. Federal Huy Ste 208 (Address)
Pompano Beach, Fl 33062 (City/State and Zip Code)
For further information concerning this matter, please call:
FAbio B. Azevedo at (954) 773-3705 (Name of Person) (Area Code & Daytime Telephone Number)
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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2008 FEB 14 AM 9: 45
TALLAHASSEE. FLORIDA

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off	711 Le	gal Support	Services	, Inc.	(Title)	,
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<u>Fı</u>	prida					
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	_	- V for	Signature of resi	gning officer/director	or)	

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