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RAY E. THOMAS, JR., P.A.

3259 West Bryant Avenue Post Office Box 39 Bell, Florida 32619 (352) 463-0077 (Office). (352) 463-0090 (Fax)

August 5, 2008

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

RE: ABA OF NORTH FLORIDA, INC.

To Whom It May Concern:

Enclosed are the following documents:

- 1. Cover Letter and Officer/Director Resignation for Gary Roberson, Jr.
- 2. Check for \$35.00 to cover cost of filing Amendment
- 3. Cover Letter and Officer/Director Resignation for Michael Czaban
- 4. Check for \$35.00 to cover cost of filing Amendment

Please send proof of receipt and filing to me at the address above. Thank you for your cooperation in this matter.

Sincerely yours.

Ray E. Thomas, Jr.

RET:lf Enclosures

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: ABA OF NORTH FLORIDA, INC. (Name of Corporation)
DOCI	UMENT NUMBER: P06000120139
DOC	UMENI NUMBER: 100000120139
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
F	Ray E. Thomas, Jr., Esquire (Name of Person)
F	Ray E. Thomas, Jr., P.A. (Name of Firm/Company)
F	P.O. Box 39 (Address)
	(Address)
<u>E</u>	Sell, FL 32619 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Ray	E. Thomas, Jr. at (352) 463-0077 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division Cliftor 2661 E	Mailing Address: dment Section on of Corporations on Building Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE. FLORIDA

I, _	Michael Czaban	, hereby resign as_	Vice President			
			(Title)			
of_	ABA OF NORTH FLORIDA,					
	(Name of Corporation)					
	Po6000120139 (Document Number, if known)	, a corporation organized und	er the laws of the State of			
	Florida					
		·				
Michael (Signifure 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