## P06000134469

| (Re                                     | questor's Name)   |              |
|---|-------------------|--------------|
| (Ad                                     | dress)            | <del> </del> |
| bA)                                     | dress)            | •            |
| (Cit                                    | y/State/Zip/Phone | e #)         |
| PICK-UP                                 | WAIT              | MAIL         |
| (Bu                                     | siness Entity Nar | ne)          |
| (Document Number)                       |                   |              |
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2009 HAY 22 AM IO: 55
SECRETARY OF STATE
AND AMASSEE, FLORIDA

off. Resign.
TB 5/27/09

## **COVER LETTER**

| SUBJECT: Alan Marketone Group Inc Name of Corporation)                                       |
|--|
| DOCUMENT NUMBER: POGOOD 134469   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                    |
| Darwin Farier (Name of Person)   |
| Alan Marketing Group Inc<br>(Name of Firm/Company) Group Inc                                 |
| 600 Sw 10 81 Apt # 10  |
| City/State and Zip Code)   |
| For further information concerning this matter, please call:                                 |
| Taris at (.305) 336 7603 (Name of Person) at (.305) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.             |

TO:

**Amendment Section** Division of Corporations

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

THE WALL BY SEE, TORION

| I, Maxlow Aguroa, hereby resign as Director (Title)  | P  |
|--|----|
| of Alan Marketone Group, Inc.  | _, |
| Pococo 13 4469, a corporation organized under the laws of the State of (Document Number, if known) |    |
| Floreda  |    |

(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