## P07000103165

(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:
·



900110143719

19/19/07--01004--010 ++35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2007 DCT to AMIn:

Office Use Only

Africar Resignation

TB

10-15-07

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: The AlliANCE FAMILY (Name of Corporation)
DOCUMENT NUMBER: POTO00103165
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VICTOR HERNANDEZ (Name of Person)
(Name of Person)
The ALIANCE FAMILY (Name of Firm/Company)
R.D. Box 590732 (Address)
Operando, FL 32859-0732 (City/State and Zip Code)
For further information concerning this matter, please call:
VICTOR HERNANDEZ at (407) 230-1074 (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

ì

TALLAHASSEE. FLORIDA

					C.F.
1, Joe	Con	reras	, hereby resign as_	Vice Pres	ident
				(Title)	1
of	The	Alliance	Family Co	proporation	
_					
POTOD	0103	165 aco	rporation organized un	der the laws of the Si	tate of
(Document	Number, if kr	iown)			
FLORID	A				
		(Fignatur	OUN e of resigning officer/direct	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