7000/3

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	·	

Office Use Only



700214570007

11/28/11--01038--003 **35.00

off. Res.
TBrown 11-20-11

COVER LETTER

то:	Amendment Section Division of Corporations
SUE	BJECT: Advisors of America Inc
	(Name of Corporation)
DO	CUMENT NUMBER: P07000133795
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
Kir	nberly Storfer
	(Name of Person)
Ad	visors of America (» c
	(Name of Firm/Company)
96	7- A Sebastian Blvd
	(Address)
Se	bastian, Florida
	(City/State and Zip Code)
For	further information concerning this matter, please call:
_H	(Name of Person) at (541) 756-1040 (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi Clift 2661	et Address: Endment Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PALLAHASSEE, FLORIDA

Howard Angeloni $ \mathcal{J}_{r} . $, hereby resign as President
	(Title)
of Advisors of America, Inc	
	(Name of Corporation)
P07000133795	, a corporation organized under the laws of the State of
(Document Number, if know	
Florida	

(S)grayare 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