## P0800000 7554

(Fi	Requestor's Name)
(A	address)
A)	address)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



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SECRETARY OF STATE
ORIDA

cf 8-8

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: ASPIRE MANAGENOUT GROUP / LIC (Name of Corporation)
(Name of Corporation)  DOCUMENT NUMBER: POSODO 7556
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
PO BOX 1476 (Address)
OSPREY FLORIDA 34329 (City/State and Zip Code)
For further information concerning this matter, please call:
KIM BRY/OW at (863) 9440992 (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

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

	, hereby resign as DIRECTOK (Title)
ASPIRE MANAG	me of Corporation)
080000 7554 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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