

PO8000052720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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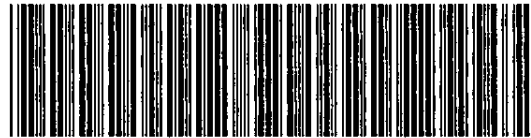
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 7 2013  
T. LEMIEUX

DO

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AYOMIDE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000052720

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLA YUSUF  
(Name of Person)

AYOMIDE, INC  
(Name of Firm/Company)

1908 W. DR. MARTIN LUTHER KING JR. BLVD  
(Address)

TAMPA, FL 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

OLA YUSUF at (813) 200-7202  
(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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, OLA YUSUF, hereby resign as PRESIDENT / PSD  
(Title)

of AYOMIDE, INC  
(Name of Corporation)

P08000052720, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

OLA YUSUF  
(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

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