## P08000086535

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. (Re	equestor's Name)			
(Ac	ldress)			
. (Ac	ldress)	······································		
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
:				





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2010 SEP 17 AH 10: 53
SECRETARY OF STATE
ALLAHASSEF, FI OBLIC.

off. Resign.

TB SEP 2 0 2010

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: ALLIANCE GROUP	& ASSOCIATES, INC.
<del></del>	(Name of Corporation)
DOCUMENT NUMBER: 800	0086535
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
SHAI BEN-AMI	
(Name of Perso	on)
WOK TOWN	
(Name of Firm/Cor	npany)
119 SE 1ST AVENUE	
(Address)	
MIAMI, FL 33131	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
SHAI BEN-AMI	at ( 305 ) 215-3618 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
C	7. W
Street Address: Amendment Section	Mailing Address: Amendment Section
Division of Corporations	Division of Corporations
Division of Corporations Clifton Building	Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE FLORIDA

<sub>I.</sub> MARIA GASPARD	, hereby resign as PRES	SIDENT & DIRECTOR
		(Title)
of ALLIANCE GROUP & ASSOC	CIATES, INC	
(Name	e of Corporation)	
P08000086535 (Document Number, if known)	, a corporation organized under the	laws of the State of
FLORIDA		
	VI AT	
	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