## P090000007607

(Re	equestor's Name	)
(Ad	ldress)	<u> </u>
(Ad	ldress)	
· (Cit	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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10/13/11--01006--020 \*\*35.00

resignation

FILED
2011 OCT 13 PM. 1: 06
SECRETARY OF STATE
SECRETARY OF STATE

10/14/11

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Aspire Employers Solutions Inc. (Name of Corporation)
DOCUMENT NUMBER: PO900007607
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia Bowers (Name of Person)
Aspire Employers Solutions (Name of Firm/Company)
7514 Der Path Lane (Address)
Land O Lakes, FL 34637 (City/State and Zip Code)
For further information concerning this matter, please call:
Patrica Bowers at ( SD13 ) 466-9626 (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 FILED FOR A CORPORATION

2011 OCT 1.3 PM 1: 06

SECRETARY OF STATE
TALLAHASSEE, FLORID

I, Bary S. Jolly, hereby resign as Ptsi	Title)
of Aspire Employers Solutions, Inc. (Name of Corporation)	
(Name of Corporation)  P0900007607, a corporation organized under the laws of the	ne State of
(Document Number, if known)	ie suice of
Horida.	

FILING FEE IS \$35.00

Signature of resigning officer/director

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

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