P090000001933

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
- (Do	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



800236491818

06/28/12--01020--010 **35.00

DIVISION OF CORPORATE SO

DD RCS

COVER LETTER

AB Associates Group Inc (Name of Corporation) P09000007933 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alfredo Arellano (Name of Person) AB Associates Group Inc. (Name of Firm/Company) 7345 SW 118 CT (Address) Miami, FL 33183 (City/State and Zip Code) For further information concerning this matter, please call: Alfredo Arellano at (305) 495-6570 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section **Amendment Section** Division of Corporations Post Office Box 6327 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as_	Vicepresident and Treasurer
		(Title)
f AB Associates Group Inc		
(Name	of Corporation)	· · · · · · · · · · · · · · · · · · ·
209000007933	, a corporation organized un	nder the laws of the State of
(Document Number, if known)		
lorida		
	Signature of resigning officer/direct	Clant 3 000 000 000 000 000 000 000 000 000
		28 EM 10:

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