(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number) ^		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





900158251789

07/10/09--01040--021 **35.00

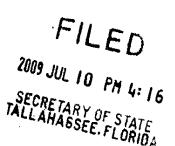
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ALL ACCESS LOCK	SMITH, INC
	(Name of Corporation)
DOCUMENT NUMBER: P090	000013224
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
LISETT FERNANDEZ	
(Name of Person	on)
ALL ACCESS LOCKSMITH, INC	C
(Name of Firm/Con	mpany)
10500 SW 105 CT, 1018	
(Address)	
MIAMI, FL, 33196	
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
YERANNY MARTELL	at (786) 738-3765 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. LISETT FERNANDEZ	, hereby resign as DP
7	(Title)
of ALL ACCESS LOCKSMITH,	INC
(Nam	e of Corporation)
P09000013224	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	·
	Dontero.
	(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