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(Requestor's Name)

(Address)

(Address)

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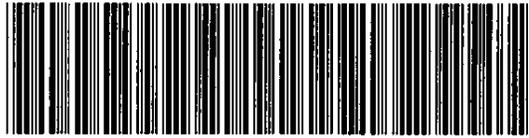
(Business Entity Name)

(Document Number)

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*Dr / Leo R. Ryan*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Astoria USA  
(Name of Corporation)

**DOCUMENT NUMBER:** 80-0424146

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Scott Eisdorfer  
(Name of Person)

Astoria USA  
(Name of Firm/Company)

1601 North Powerline Road  
(Address)

Pompano Beach, FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Eisdorfer at ( 954 ) 623-6600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

