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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Anett Lopez & Associates, Inc.		
DOCUMENT NUMBER: P100000 11681		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:		
Anch Lopez (Name of Person)		
(Name of Firm/Company)		
3140 W. Kennedy Blvd Ste 107 (Address)		
Tampa FL 33609 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Anutt Lopez at (813)386 - 1800 (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		
Street Address:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32314		

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Aust Coper a Associates of (Title)

(Name of Corporation)

(Document Number, if known)

Tokida

(Signauline of Testigning 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

