(Re	equestor's Name)	
(Ac	ddress)	•
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	∍ <b>#</b> )
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
$\widetilde{\mathcal{M}}$		,

Office Use Only



500181564435

06/17/10--01015--021 \*\*35.00



## **COVER LETTER**

SUBJECT: A. S. I. of South Florida Corp.  (Name of Corporation)
DOCUMENT NUMBER: 10000030259
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael A Bermude Z (Name of Person)
A.S.I. Of South Florida Corp. (Name of Firm/Company)
12032500 132 COULT, Svite 204 (Address)
Miami, Fl 33186 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael A Bamude Z at (305) 527-909 2— (Name of Person) (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ramon Bermudez ,t	nereby resign as President / Director
of A.S.Z. Of South Florida (Name of Corporation)	Poep.
010000000000	ion organized under the laws of the State of
FLorida	

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