

P10000048153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

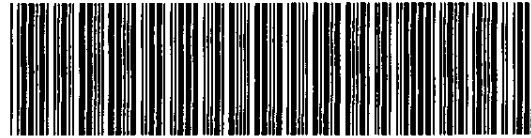
(Business Entity Name)

(Document Number)

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C.COULLETTE

OCT 28 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Anevolve Corporation
(Name of Corporation)

DOCUMENT NUMBER: P 00000 48153

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra L Kamino
(Name of Person)

Anevolve Corporation
(Name of Firm/Company)

1035 S. Federal Hwy #209
(Address)

Delray Beach FL 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Kamino at (760) 413-5634
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Debra L Kamino, hereby resign as Director
(Title)

of Anevolve Corporation
(Name of Corporation)

P10000048153, a corporation organized under the laws of the State of
(Document Number, if known)

Debra L Kamino
(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

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