## P100000 83932

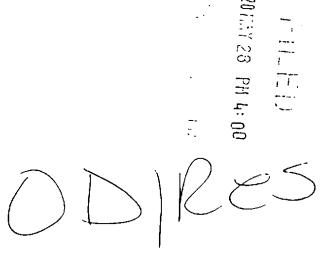
(Danwarted Name)		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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## TRANSMITTAL LETTER

Division of Corporations	
Immigrant Help Centers, PA SUBJECT:	
SUBJECT	(Name of Corporation)
DOCUMENT NUMBER: P10000083932	
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing
Please return all correspondence concern	ing this matter to the following:
Richard Maney	
(Name of Person)	<del></del>
American Immigrant Alliance, Inc.	
(Name of Firm/Compan	y)
5402 Hoover Blvd.	
(Address)	
Tampa, FL 33634	
(City/State and Zip Cod	e)
For further information concerning this n	natter, please call:
Richard Maney	at (813 )221-1366 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	able to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, FL 52514	Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Christian Zeller I,	VP , hereby resign as	(Title)
Immigrant Help Centers, PA		
	(Name of Corporation)	
P10000083932	, a corporation organized under the l	aws of the State of
(Document Number, if known)	)	
Florida		
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	le fully	
	(Signature of resigning officer/director)	20201
		202011117 28
		··

Make checks payable to Florida Department of State and mail to:

**FILING FEE IS \$35.00** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314