

P11000084317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

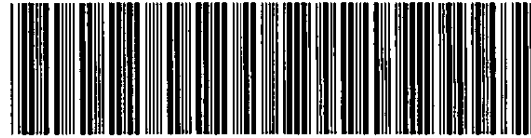
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 27 2017

T. LEMIEUX

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASD SPECIALTIES INC
(Name of Corporation)

DOCUMENT NUMBER: P11000084317

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

Please return all correspondence concerning this matter to the following:

CALZADILLA, MARTHA ROSA
(Name of Person)

ASD SPECIALTIES INC
(Name of Firm/Company)

13982 NW 58TH CT
(Address)

MIAMI LAKES, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA R. CALZADILLA at (786) 4935801
(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARTHA ROSA CALZADILLA, hereby resign as DIRECTOR
(Title)

of ASD SPECIALTIES INC
(Name of Corporation)

P11000084317, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Martha Rosa Calzadilla
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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