## P11000100063

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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SEGRETARY OF STATES
FALLAHASSEE, FEORITA

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MARTIAL ARTS AND AFTER SCHOOL CTR CO

(Name of Corporation)

DOCUMENT NUMBER: P11000100053

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

Please return all correspondence concerning this matter to the following:

LEIDYS MORALES

(Name of Person)

MARTIAL ARTS AND AFTER SCHOOL CTR CO

(Name of Firm/Company)

**465 HIALEAH DRIVE** 

(Address)

HIALEAH, FL 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

LEIDYS MORALES

...786

355-6250

(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

<sub>I,</sub> YOELVIS SORI	, hereby resign as VICE PRESIDENT
	(Title)
$_{ m of}$ MARTIAL ARTS AND	AFTER SCHOOL CTR CO
(Name of Co	orporation)
P11000100053	corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

(Signature of resigning officer/director)

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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