PUCCOUNG

(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	· #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

13

SUBJECT. ALL OVER GROUP CORP

(Name of Corporation)

DOCUMENT NUMBER: P14000016984

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

Please return all correspondence concerning this matter to the following:

MANUELA V. MARTINEZ

(Name of Person)

ALL OVER GROUP CORP

(Name of Firm/Company)

2645 EXECUTIVE POIL Dr

(Address)

wester { 1 3333 1.

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUELA V. MARTINEZ

at (954)

4949381

(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

, STEVE SILGUERO GON	IZALEZ, hereby resign as MANAGER
of ALL OVER GROU	(Title)
	of Corporation)
P14000016984 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	<u>_</u> .
	Signature of resigning officer/director) TALLARIAN TO SECRETARY

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