(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





800269712448

02/24/15--01016--009 \*\*35.00



## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: AC Supply Super Store of Central Florida Corp.

(Name of Corporation)

DOCUMENT NUMBER: P14000094477

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

Please return all correspondence concerning this matter to the following:

Fook M. Che

(Name of Person)

AC Supply Super Store of Central Florida Corp.

(Name of Firm/Company)

6541 Pelican Terrace

(Address)

Coconut Creek, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Fook M. Che

...954 \839-7517

(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> Fook M. Che	, hereby resign as President (Title)
0.	re of Central Florida Corp.
(Document Number, if known)	poration organized under the laws of the State of
<u>Florida</u>	
(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

SECRETARY OF STATE
TALLAHASSEE, FIORIDA

