## 16000027940 (Requestor's Name) (Address) 700286940767 (Address) (City/State/Zip/Phone #) PICK-UP WAIT 06/27/16--01006--022 \*\*35.00 MAIL (Business Entity Name) (Document Number) Certified Copies \_ Certificates of Status Special Instructions to Filing Officer: 16 JUH 27 PH 3: Office Use Only ------29 OLD Resignation JUN 3 0 2016 D CUSHING

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: The Asset Protection Law Finm PA (Name of Corporation)			
(Name of Corporation)			
DOCUMENT NUMBER: <u><i>P16 0000 27940</i></u>			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
(Name of Person)			
(Name of Person)			
Consumer Legal Resonard ar I=L			
(Name of Firm/Company)			
3921 Nin 126 Ave			
(Address)			
CONAL Springer. FL 33065			
(City/State and Zip Code)			
For further information concerning this matter, please call:			

Warrythereat (561)306-5445(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

SECRETARY OF STATE TALLAHASSEE, PLOSE	16 JUN 27 PH 3: 29	
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CR2E044 (05/13)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION I. Joseph State, hereby resign as <u>CHAiren</u> (Title) of <u>The Asset Protection Law From PA</u>, (Name of Corporation) <u>P160000277940</u>, a corporation organized under the laws of the State of (Document Number, if known) <u>IF(ario4</u>

(Signature of resigning officer/director)

## FILING FEE IS \$35.00

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JUN 27 PH 3:

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

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