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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ASKA CHILDCARE CENTER, INC. (Name of Corporation)
DOC	UMENT NUMBER: P18000049592
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Vir	ridiana N Cohen
	(Name of Person)
ASI	KA CHILDCARE CENTER, INC.
	(Name of Firm/Company)
367	7 Woodside Drive
	(Address)
We	est Palm Beach, Fl. 33415
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call;
Viri	idiana N Cohen at (561) 460-5951 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo:	sed is a check for \$35.00 made payable to the Florida Department of State.
Āmen Divisi P.O. E	ng Address: Idment Section Ion of Corporations Box 6327 B

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Alejandro Caino	, hereby resign as President (Title)
, ASKA CHILDCAF	RE CENTER, INC.
	e of Corporation)
P18000049592 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

(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