P2000015450

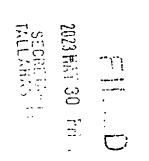
(F	Requestor's Name)	
(<i>F</i>	Address)	
(F	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	J. HORNE	
	JUL 3 1 2023	





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

THE ULTIMATE EVENT & CASUBJECT:	AFE INC
	(Name of Corporation)
DOCUMENT NUMBER: P20000075450	0
The enclosed Officer/Director Resignat	ion for a Corporation and fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
BARBARA KLEINERT	
(Name of Person)	
(Name of Firm/Compa	uny)
7217 FAIRFAX DRIVE, APT. 109	
(Address)	
TAMARAC, FL 33321	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
BARBARA KLEINERT	at () 540-0530 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	iyable to the Florida Department of State.
Mailing Address:	Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

BARBARA KLEINERT	VICE PRESIDENT, hereby resign as	
	, hereby resign as (Title)	
THE ULTIMATE EVENT & CAFE of	INC	
(1	Name of Corporation)	
P20000075450	a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
		
	m	
	(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