

P92000010066

(Requestor's Name)

Mrs. Eileen Abbriano  
828 Sinclair Avenue  
Staten Island, NY 10309

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

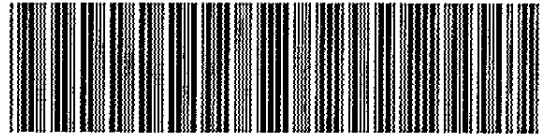
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700009373787

12/17/02--01090--001 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 DEC 17 PM 3:57

OFF/DIR  
RESIGN  
1/3/03  
DC

**OFFICER / DIRECTOR RESIGNATION**

I, Mrs. Eileen Abbriano (Formerly Eileen Eicoff), hereby resign as Secretary  
(Title)

of Aaron Alexis Corporation  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

See attached notarized letter  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 DEC 17 PM 3:57**

# AARON ALEXIS, INC.

Financing & Construction  
Licensed & Insured  
CGC 057002

May 23, 2002

Mrs. Eileen Abbriano  
828 Sinclair Avenue  
Staten Island, NY 10309

TO: Mr. William Eicoff  
CEO  
Aaron Alexis Corporation

Please be advised, that I, Mrs. Eileen Abbriano (formerly Eileen Eicoff) will be resigning from my position as secretary as a principal for Aaron Alexis Corporation. I will soon be a mother and with a newborn I can no longer fulfill my obligation to Aaron Alexis Corporation. Please re-assign my stock to Mr. William S. Eicoff.

Please notify the State of Florida, Department of Corporations as to this change.

Thank you for your attention to this matter, I remain,

Sincerely,

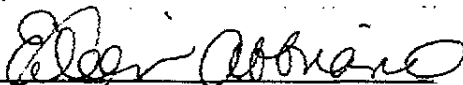


Mrs. Eileen Abbriano

STATE OF NEW YORK  
COUNTY of Richmond

On July 29, 2002, before me, personally appeared Mrs. Eileen Abbriano, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s), executed the instrument.  
WITNESS my hand and official seal.

Signature

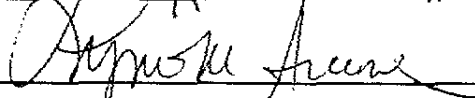


Known

☒ Produced ID

Type of ID

N.Y. State Drivers License



LYNN M. SIMONE  
Notary Public, State of New York  
No. 01515074108  
Qualified in Richmond County

1865 S. Ocean Drive, Suite 5M • Hallandale, FL 33009  
Office: (954) 456-7753 • Cell: (954) 895-0101 • Beeper: (954) 897-2227

Commission Expires March 10, 2003