

P94000060022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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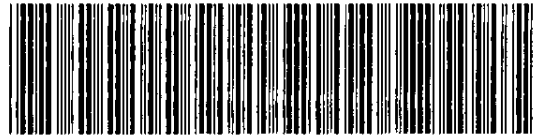
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -9 PM 1:47

FILED

TR 5-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AC SPECIALISTS INC.
(Name of Corporation)

DOCUMENT NUMBER: P94000060022

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

Please return all correspondence concerning this matter to the following:

TIMOTHY D. WINSTON
(Name of Person)

AC SPECIALISTS INC.
(Name of Firm/Company)

15433 N. FL AVE.
(Address)

TAMPA, FL 33613
(City/State and Zip Code)

For further information concerning this matter, please call:

TIM WINSTON at (813) 968.7032
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
11 MAY -9 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARY F WINSTON, hereby resign as VSTD (Title)

of AC Specialists, Inc. (Name of Corporation)

P94000060022, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mary F Winston
(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