

P950000/7971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

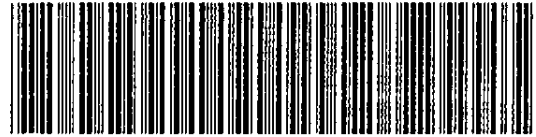
(Business Entity Name)

(Document Number)

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O/D Resign.
3/3/11
De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Able Staffing & Leasing, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P95000017971

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

Please return all correspondence concerning this matter to the following:

Chris Mongelluzzi
(Name of Person)

(Name of Firm/Company)

30840 U.S. Hwy 19 North
(Address)

Palm Harbor, FL 33759
(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Shepherdson at (813) 908-0009
(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**

I, Chris Mongelluzzi, hereby resign as DPST
(Title)

of Able Staffing & Leasing, Inc.
(Name of Corporation)

P95000017971, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
11 FEB 28 PM 3:40

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

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