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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Atlantic City Subshops of Florida Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P9600032730</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Sco77 Pekiman (Name of Person)
(Name of Firm/Company)
2085 NE 2044 S7(Address)
W. MIAMI BEACH FL 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
Sco77 Pegemen at (305) 371-3572 (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
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Sc 677	Perin	.4n ,1	hereby resig	m as Preu	ident (Title)	<u></u>	_
of Atlanti	د دربک	Subuhane Name of Corporation)	of	Florida	, Znc		,
(Document Num	nber, if known)	, a corporat	ion organiz	ed under the la	ws of the St	ate of	
Florida		··············					
	1						
-	12	(Signature of res	ioning officer	/director\		O4 JAN SECRE	-11
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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