

P97000034046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

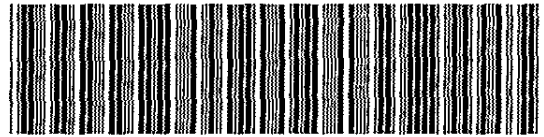
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04 APR 23 PM 4:30  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL FOR YOU, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000034046

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

Please return all correspondence concerning this matter to the following:

DALIA C. MELENDEZ  
(Name of Person)

(Name of Firm/Company)

680 S. MILITARY TRAIL  
(Address)

WEST PALM BEACH, FL 33415  
(City/State and Zip Code)

For further information concerning this matter, please call:

DALIA C. MELENDEZ at ( 561 ) 478-1777  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DALIA C. MELENDEZ, hereby resign as D-PRESIDENT  
(Title)

of ALL FOR YOU INC.  
(Name of Corporation)

P97000034046  
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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