## EXFRES (Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101 (Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

Examiner's Initials

	L	OFFICE USE ONLY		
CORPORATION NAME(s) & 1	DOCUMENT NUMBE	R(S) (if known):	resignal	lion
1. ALLSTATES	S HOLDIN		9.	
(Corporation Name)	·	(Document #)	Oppe	عر
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(Corporation Name)		(Document #)	Loss 6 de 18 lenna (m. 18 lenna	
Corporation Name)		(Document #)		
Walk in Pick up time		Certified Cop	у	
Mail out Will wait	Photocopy	Certificate of	Status	•
•			18.	
NEW FILINGS	AMENDMEN	TS		-
Profit	Amendment			
NonProfit	Resignation of R.A.	, Officer/Director	· -	
Limited Liability	Change of Registere	d Agent		
Domestication	Dissolution/Withdrav	val		•
Other	Merger			
				-
OTHER FILNGS	REGISTRATION/			
Annual Report	QUALIFICATION			
Fictitious Name	Foreign			
Name Reservation	Limited Partnership Reinstatement	<u> </u>		=-
	Trademark			v.

Other

CR2E031(9/92)

## OFFICER / DIRECTOR RESIGNATION

O1 SEP 11 PM 1: 05
SECKETAKY OF STATE
SECKETAKY OF STATE

I, Bosco R. Quant, hereby resign as Vice-President
(Title)
of ALLSTATES HOLDING, INC.
(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.
Bell Cold
(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