

P98000048904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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O/D Resign.

3/3/11

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Able Staffing & Leasing III, INC.

(Name of Corporation)

DOCUMENT NUMBER: P98000048904

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

(Name of Person)

at (813) 908-0009

(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:

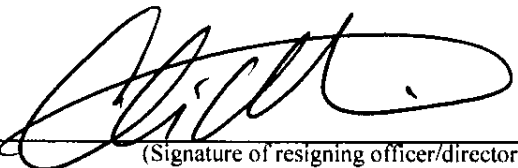
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

of Able Staffing & Leasing III, INC.
(Name of Corporation)

P98000048904, 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

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

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

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