P08000074689

(Requ	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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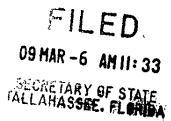
COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: FAAI, INC.
(Name of Corporation)
DOCUMENT NUMBER: PO80000 74689
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ARCHIE J. RYAN III, ESQ.
(Name of Person)
RYAN & RYAN, LLC
(Name of Firm/Company)
700 EAST DANIA BEACH BOULEVARD, THIRD FLOOR
(Address)
DANIA BEACH, FLORIDA 33004
(City/State and Zip Code)
For further information concerning this matter, please call:
ARCHIE J. RYAN III at (954) 920-2921 (Name of Person) (Area Code & Daytime Telephone Number)
(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, _	MIRZA LITON	hereby resign as Vice-President, Secretary, Treasurer & (Title) Director
		Treasurer & (Title) Director
of_	FAAI, I	
		(Name of Corporation)
	PO8000074689	, a corporation organized under the laws of the State of
	(Document Number, if known)	•
	FLORIDA	
		Mem Stu
		(Signature of resigning officer/director)

FILING FEE IS \$35.00

MIRZA LITON

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

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