## P9900015264

(Requestor's Name)					
(Address)					
(Address)					
(13.17.27)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Emity Name)					
(Document Number)					
Certified Copies Certificates of Status	-				
Special Instructions to Filing Officer:	1				
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DIVISION OF STATE OF

Officer Resignation

## TRANSMITTAL LETTER

SUBJECT: Advanced Learn	ing Centers, Inc.
DOCUMENT NUMBER: F	(Name of Corporation) P99000015264
The enclosed Officer/Director I	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
Name of	Person)
F and L Corp.	
(Name of Firm	n/Company)
One Independent Drive, Su	ite 1300
(Addr	ess)
Jacksonvilee, FL 32202	
(City/State an	d Zip Code)
For further information concern	ing this matter, please call:
Joe Sterensis	at ( 727 ) 381-3722 (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.
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

Amendment Section Division of Corporations

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

T. Shane B Counts		, hereby resign as Vice President			
**			J	(Title)	
of Advanced Learning Ce	enters, Inc.				
	(Name of Co	rporation)			
P9900015264 (Document Number, if know	, a	corporation o	rganized und	der the laws of the State of	
Florida	*				
	1	2			

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 7 :01 W 6- 184 CA

DIVISION OF CORPORATIONS