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(Re	equestor's Name)	
(Ad	ldress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	
Special Instructions to	Filing Officer:	·.





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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AGO G GOOFFORTH (Name of Corporation)
DOCUMENT NUMBER: 739 × 4/
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
13899 Biscarne Blud. Suite 123 (Address)
NORTH MISIMI BEACH F1. 33181 (City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{\text{Diana Sosi}}{\text{(Name of Person)}} \text{at} \frac{\text{30V}}{\text{(Area Code & Daytime Telephone Number)}}$
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Luis A.de	Tesus, hereby resign as Presidew T
of Agoda, I	(Name of Corporation)
739V4/ (Document Number, if known)	, a corporation organized under the laws of the State of
Florida.	
	——————————————————————————————————————
	(Signature of resigning officer/director)
 	(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