

M 46589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

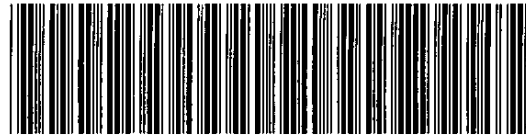
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
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07 NOV 13 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*  
*on*

C. Coulliette NOV 19 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Riera/Escandon, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** M46589

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Riera

(Name of Person)

Riera /Escandon, Inc.

(Name of Firm/Company)

15157 SW 95 St

(Address)

Miami, Florida 33196

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Riera

(Name of Person)

at ( 305 ) 310-9649

(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, Maria Riera, hereby resign as Secretary  
(Title)

of Riera/Escandon, Inc.,  
(Name of Corporation)

M46589, 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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