N10000003736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

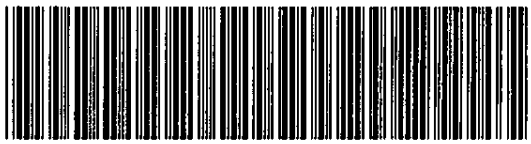
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 31 PM 1:05

OTB Resign

C.COULLIETTE

NOV 01 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capilla Calvario Inc
(Name of Corporation)

DOCUMENT NUMBER: N10000003736

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

Please return all correspondence concerning this matter to the following:

Guillermo A. Novoa
(Name of Person)

Capilla Calvario Inc.
(Name of Firm/Company)

600 SW 3rd St. Suite 4400
(Address)

Pompano Beach, Florida 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

Guillermo A. Novoa at (954) 793-9546
(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, Andres Lizarralde, hereby resign as Director
(Title)

of Capilla Calvario Inc,
(Name of Corporation)

N10000003736, 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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DIVISION OF CORPORATIONS
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