

P01000058573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

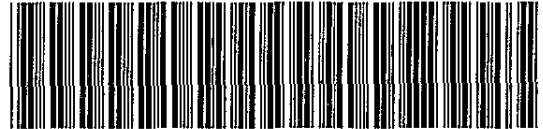
(Business Entity Name)

(Document Number)

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*VS
10/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Xone Group, Corp
(Name of Corporation)

DOCUMENT NUMBER: P01000058573

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Alberto Rancati
(Name of Person)

The Xone Group
(Name of Firm/Company)

16300 NE 19th Avenue Suite B
(Address)

North Miami Beach, FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Rancati at (786) 221-2130
(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

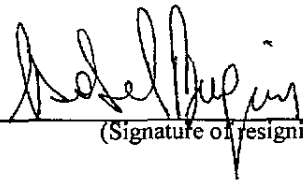
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DIVISION OF CORPORATIONS
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Isabel Bugin, hereby resign as Director, President
(Title)

of Tha Xone Group, Corp.
(Name of Corporation)

P01000058573, a corporation organized under the laws of the State of
(Document Number, if known)


(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