P04000055728

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e#)
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TRANSMITTAL LETTER

FO: Amendment Section Division of Corporations		
SUBJECT: DARIO'S ACADE	MY SALOON INC	
	(Name of Corpora	ation)
DOCUMENT NUMBER: PO)4000055728	
The enclosed Officer/Director Re	esignation for a Corporation	and fee are submitted for filing
Please return all correspondence	concerning this matter to th	e following:
IRMA OSPINA		
(Name of P	'erson)	· · ·
(Name of Firm)	Company)	• • • • • • • • • • • • • • • • • • •
12701 SOUTH JOHN YOUN	G SUITE 104	
(Addres	ss)	engen er
ORLANDO FL 32800		
(City/State and	Zip Code)	' v v v v v v v v v v v v v v v v v v v
For further information concerning	ng this matter, please call:	
IRMA OSPINA	at (407	361-3593 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade payable to the Florida l	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DARIO ARANA	, hereby resign as VP	
·,	, notes, resign as	(Title)
of_DARIO'S ACADEMY S		
	(Name of Corporation)	,
P04000055728 (Document Number, if know	a corporation organized under the	e laws of the State of
FLORIDA	Tan Amus	O4 APR -8 PH 12: 57 SEURETARY OF STATE ALLAHASSEE, FLORID
	(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