

P05000022918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

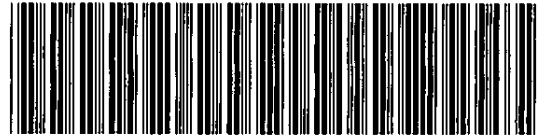
(Business Entity Name)

(Document Number)

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08 MAY 27 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 5/30/08*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALYMAR, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000022918

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

LICENCIADO M ALFONSO  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

23854 SW 107 PL  
(Address)

HOMESTEAD, FL 33032  
(City/State and Zip Code)

For further information concerning this matter, please call:

LICENCIADO M ALFONSO at ( 786 ) 267-4175  
(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, LICENCIADO M ALFONSO, hereby resign as PRESIDENT  
(Title)

of ALYMAR, INC  
(Name of Corporation)

P05000022918, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

**FILED**  
**08 MAY 27 PM 12:20**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Licenciado M Alfonso*  
(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