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Special Instructions	o Filing Officer	.	

Office Use Only



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resignation 76 Officer

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SECRETARY OF STATE

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

_{SUBJECT:} Resignation	of Officer
SUBJECT: 1 CONGINATION	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Vivian B. Rubio	
(Name of Per	son)
CM Consulting Gro (Name of Firm/Co	
1221 Brickell Avenu (Address)	•
Miami, FL 33131	ip Code)
For further information concerning	this matter, please call:
Vivian B. Rubio	at (786) 587-9767 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FILED OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION NOV 28 AM 8: 27

SECPLIARY OF STATE
TALLAHASSEE, FLORIDA

, hereby resign as Officer and Owner
(Title)
o, Corp
Corporation)
a corporation organized under the laws of the State of
nature 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