Po4000118885

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

DEC 1 2016 C LEWIS

TRANSMITTAL LETTER

SUBJECT: Comoco, Inc.	Name of Corp	oration)
DOCUMENT NUMBER: P0600011888	35	
The enclosed Officer/Director Resignation fo	r a Corporati	on and fee are submitted for filing.
Please return all correspondence concerning t	his matter to	the following:
Stefan Comorek		
(Name of Person)		<u>-</u>
Comoco, Inc.		
(Name of Firm/Company)		_
2195 Princeton St		
(Address)		-
Sarasota FL 34237		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Stefan Comorek	_{at} 941	330-6665 de & Daytime Telephone Number)
(Name of Person)	(Area Co	de & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

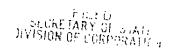
Amendment Section Division of Corporations

TO:

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2016 NOV 29 AM 9: 19

Stefan Comorek	President / Secretary
)	(Title)
_{of} Comoco, Inc.	
P06000118885	of Corporation)
(Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	_•
\sim	
<u>(S</u>	ignature 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