

P07000109512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

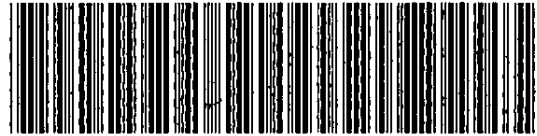
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLOHAIT CORPORATION INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000109512

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

WISLOR DOCSOL

(Name of Person)

COLOHAIT CORPORATION INC.

(Name of Firm/Company)

2701 N. HIMES AVE SUITE 103

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

WISLOR DOCSOL at (863) 651-6786
(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

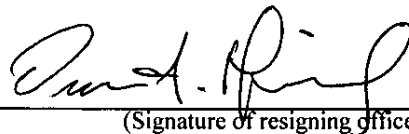
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, OSCAR MELENDEZ, hereby resign as V DIRECTOR
(Title)

of COLOHAIT CORPORATION, INC.
(Name of Corporation)

P07000109512, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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