

P08000050729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

20

Office Use Only



600168479016

*Resignation
to officer*

600168479016
02/16/10--01048--019 **35.00

FILED
2010 FEB 16 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADP
2/18/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASTORGA ART , INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000050729

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

GABRIEL ORENSTEIN
(Name of Person)

(Name of Firm/Company)

600 NE 36TH STREET APT 719
(Address)

MIAMI ,FL 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL ORENSTEIN at (786) 3269273
(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**

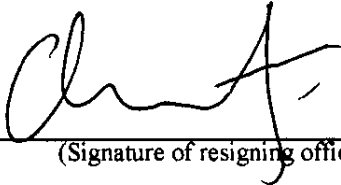
FILED
2010 FEB 16 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GABRIEL ORENSTEIN, hereby resign as DIRECTOR
(Title)

of ASTORGA ART ,INC.
(Name of Corporation)

P08000050729, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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