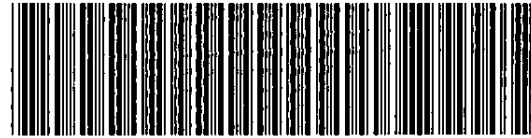


P11000063630



500210658965

08/08/11--01012--012 **35.00

(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:

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 AUG -8 PM 1:19

FILED

off. Resign.

TBrown 8-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Commercial Workout Assistance, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P11000063630

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aurice Goyos

(Name of Person)

Commercial Workout Assistance, Inc.

(Name of Firm/Company)

2240 West Woolbright Road Suite 353

(Address)

Boynton Beach, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Goyos _____ at (954) 778-5141

(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

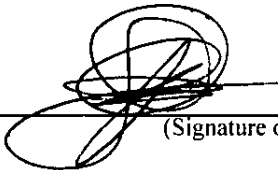
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2011 AUG -8 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jose Goyos, hereby resign as Manager
(Title)

of Commercial Workout Assistance, Inc.
(Name of Corporation)

P11000063630, 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