P11000107904

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

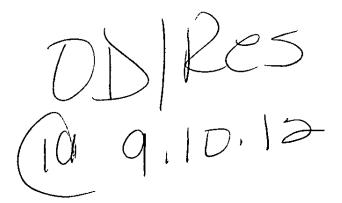




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COVER LETTER

FO: Amendment Section Division of Corporations	
SUBJECT: Resignation of President	
(Name of Corporation)	
DOCUMENT NUMBER: P11000107964	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted t	for filing.
Please return all correspondence concerning this matter to the following:	
MARCOS MOACIR TAVARES	
(Name of Person)	
ARTHUR'S GROUP CO.	
(Name of Firm/Company)	
4897 CYPRESS WOODS, UNIT 6203	
(Address)	
ORLANDO, FL 32811	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MARCOS MOACIR TAVARES at (407) 385-5951 (Name of Person) (Area Code & Daytime Telephone N	
(Name of Person) (Area Code & Daytime Telephone N	umber)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
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	

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	ENV. PROF, E GEREPRESIDENT (Title)
$_{ m of}$ ARTHUR'S GROUP CO.	
(Nar	me of Corporation)
P11000107964 (Document Number, if known)	, a corporation organized under the laws of the State of
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