

P 15000049225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

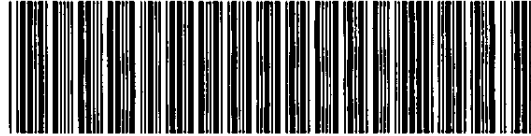
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500276829595

500276829595
09/15/15--01018-012 *35.00

FILED
15 SEP 15 PM 2:34
COUNTY OF ST. LUCAS
TALLAHASSEE, FLORIDA

White

SEP 18 2015

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADRIANA DOS RAMOS CORP

(Name of Corporation)

DOCUMENT NUMBER: P15000049225

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

Please return all correspondence concerning this matter to the following:

ADRIANA DOS RAMOS

(Name of Person)

ADRIANA DOS RAMOS CORP

(Name of Firm/Company)

2500 NW 79 TH AV SUITE 268

(Address)

MIAMI, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO ANZELLINI at (954) 529-9438

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

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

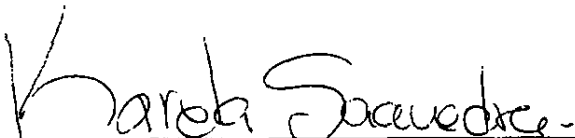
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KARELA SAAVEDRA, hereby resign as VICE-PRESIDENT
(Title)

of ADRIANA DOS RAMOS CORP
(Name of Corporation)

P15000049225, 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

FILED
15 SEP 15 PM 2:34
TALLAHASSEE, FLORIDA