## P160000 12771

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
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## TRANSMITTAL LETTER

<b>TO:</b> Amendment Se Division of Cor			
SUBJECT: IM	PERIAL STO	NES Coame of Corpora	ORPORATION ation)
DOCUMENT NUMB	ER: P1600001277	71	
The enclosed Officer/I	Director Resignation for	a Corporation	and fee are submitted for filing
Please return all corres	pondence concerning th	is matter to th	e following:
CRISTIANO	CAMARGO		
· · · · · · · · · · · · · · · · · · ·	(Name of Person)		
(Nai	ne of Firm/Company)		
2048 OLD M	IETRO PARK	<b>WAY</b>	
	(Address)		
FORT MYE	RS FL 33916		
(Cit	y/State and Zip Code)		
For further information	concerning this matter.	, please call:	
CRISTIANO (	CAMARGO	, 239	540-4940 & Daytime Telephone Number)
(Name	of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for	\$35.00 made payable to	o the Florida I	Department of State.
Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	as Division 2661 Exe	ddress: tent Section of Corporation ecutive Center sec. FL 32301	ns Circle

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L CRISTIANO CAMA	TREASURER/	EASURER/DIRECTOR		
IMPERIAL STON	ES CORPORA	MOITA	(Title)	
Oil	e of Corporation)		· ·	
P16000012771  (Document Number, if known)	, a corporation organized	under the laws of	the State of	
FLORIDA	<u></u> .			
	(Signature of resigning of ficer/di	irector)	FILED 17 DEC -8 PH 6: 32 A SALVANSE FOR TRAINA	

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