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Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STAIL
ALLAHASSEE, FLORIDA

Officer Risign Crinmurphy 12/11/07

## **COVER LETTER**

Division of Corporations
SUBJECT: ARCOIRIS Appolments Corporation)  DOCUMENT NUMBER: PO 2600   31327
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sprida Orozco (Name of Person)
(Name of Firm/Company)
517 EAST 16th Street
1+10-loch Fl 33010 (City/State and Zip Code)
For further information concerning this matter, please call:
SANGRA OROZOO at 305, 300 - 9958 (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

I, Felix ORO	, hereby resign as_	Vice President Direct
of ARCOIRIS	Apa 2+ments, a (Name of Corporation)	ierp.
(Document Number, if known)	, a corporation organized und	der the laws of the State of
Florida	,	
	•	
	(Signature of resigning officer/threet	07 DEC
	(Organization of resigning extremely)	10 PM
		STALE CORIDA

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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