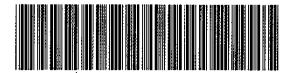
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(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
;
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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100157836491

resignation

07/09/09--01053--003 **35.00



7/14/09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: PININFARINA EXTRA	A USA CORP
	(Name of Corporation)
DOCUMENT NUMBER: P0600	00001000
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing
Please return all correspondence conc	terning this matter to the following:
JUDITH FILIPPI	
(Name of Person	1)
RENEE ADWAR,P.A.	
(Name of Firm/Com	pany)
848 BRICKELL AVE, SUITE 830	
(Address)	
MIAMI, FL 33131	
(City/State and Zip (Code)
For further information concerning th	is matter, please call:
JUDITH FILIPPI	at (305) 374-4422 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Amendment Section	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FRANCO LODATO		_, hereby resign a	VICE PRE	SIDEN	9
PININFARINA EXTRA USA		- , ,		(Title) FLORIO	-1016
	me of Corporati	on			
P0600001000 (Document Number, if known)	, a corpo	ration organized	under the laws	of the State of	t `
FLORIDA	·	Ji			
ے					
	(Signature of	resigning officer dir	ector)	71/09	

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