

N97000000842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

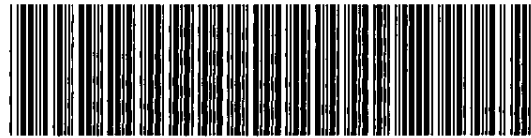
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

12-10-10

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACTION OF SOLIDARITY, Inc
(Name of Corporation)

DOCUMENT NUMBER: N 97 000 000 0842

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

Please return all correspondence concerning this matter to the following:

CRISTOBAL PLAZA
(Name of Person)

(Name of Firm/Company)

3301 N.E 5th AVE # 219
(Address)

MIAMI, FL 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTOBAL PLAZA at (305) 967-5757
(Name of Person) (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

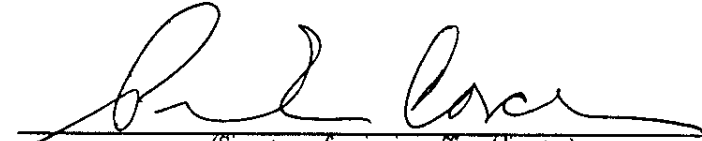
NOTE: ATTACHED/ENCLOSED IS A CHECK FOR \$ 70⁰⁰.

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pedro M. Corces, hereby resign as President
(Title)

of Action of Solidarity, Inc.
(Name of Corporation)

_____, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 6 PM 1:09

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