757102

(Req	uestor's Name))			
(Add	ress)				
(Add	Iress)				
(City	/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to F	iling Officer:				
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CABAIGUAN CLUB OF FLORIDA, INC. (Name of Corporation)
DOCUMENT NUMBER: 7x7102
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA A. MARTINEZ (Name of Person)
(Name of Firm/Company)
RSI CRANDON BLUD., APT. 435 (Address)
1/24 BISCAYNE, FL 33149 (City/State and Zip Code)
For further information concerning this matter, please call:
MARIA A. MARTINEZ at (301) 361-8006 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	MARIA	MARTINEZ	, hereby resign as	TREASUR (Title)	ER	—
of_	CABAI	CUAN CLUB (Name of Corpor	OF FLORIDA	, INC.		_ ,
	75716 (Document Num	nber, if known), a corp	ooration organized und	er the laws of the Sta	te of	
	FLORI	<i>BA</i>				
		Marie C. (Signature	of resigning officer/director	7/02/08		
			J		03.	DIVIS
					08 JUL 28	CRETARY
		FILING	FEE IS \$35.00		2	200

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

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