## m09091

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900185252889

10/12/10--01023--012 \*\*35.00

TAELAHASSEE, PEUNIDA

DIRES 10.12.10

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Cellucrete (	Com
SUBJECT:	(Name of Corporation)
	• •
DOCUMENT NUMBER: M	69691
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Anthony Abreu	
(Name of F	'erson)
Cellucrete Corp	
(Name of Firm	(Company)
11905 NW 99th Ave	
(Addres	38)
Hialeah Gardens, FL 33018	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Frank Peydro	at ( 305 ) 826-2960 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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, Alina Duran	, hereby resign as Treasurer	
		(Title)
of Cellucrete Corp	,	
(Na	ame of Corporation)	
M69691	, a corporation organized under the laws of the State of	
(Document Number, if known)	a vorporation organized under th	e laws of the state of
Florida		
	<del></del>	

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