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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PRO-FONDO UNA ESPERANZA DE 459 FAILY Y ROXANNE, INC. (Name of Corporation)
DOCUMENT NUMBER: NO 6 0000 3880
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Pla-FONDO UNA ESDERANZA (Name of Firm/Company)
989 WINBROOKS BRIVE (Address)
DELYONA FL 32725 (City/State and Zip Code)
For further information concerning this matter, please call:
CMOS VAIdeRRAMA at (331) 206-8379 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. COWIN R. BADILLA			, hereby resign as		Tresour (Title)					
of_	UNA	Es peran in (Name	<b>De</b> of Corpora	Vios	EMILY	У	Roxan	VN€		
		B 31	 3,70v	•	ganized unde	á	aws of the S	GELIARY OF STATE	06 DEC -7 AM 8: 35	FILED

## FILING FEE IS \$35.00

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

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P.O. Box 6327
Tallahassee, Florida 32314