"N06000003880

•
(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:

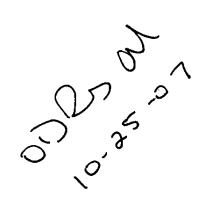
Office Use Only



100111269591

10/25/07--01035--015 **70.00

O7 OCT 25 AM IO: 25
SECRETARY OF STATE
AHASSEE FLOOR



COVER LETTER

Division of Corporations
SUBJECT: Do-Fondo Una Esponanza De vida Garly y Royana & The (Name of Corporation)
DOCUMENT NUMBER: 106 0000 3 880
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)
Pro-Fondo UNA Esperanza DE Vida (Name of Firm/Confpany)
909 GuBAOOKS DRIVE
DE/Your FC 32725 (City/State and Zip Code)
For further information concerning this matter, please call:

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

(Name of Person) at (331) 206-8377

(Area Code & Daytime Telephone Number)

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

			~		
I. Emilio Saw	7120	, hereby resign as_	YRESI &	eut	
			(11	ue)	
of Profondo	UNA Ester		lida Emi	ly y Roxi	mue
	(Name of Corpora	tion)			
# 06 00000 3 86 (Document Number, if k	nown) a corpo	oration organized un	der the laws of the	State of	
tloads	·				
			TALL TALL	9	
	(Signature o	a leading officer/direc	AHASSEE. FLORI		

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