

N100000000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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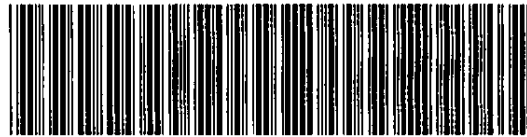
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

NOV 10 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lucia Soto

(Name of Corporation)

DOCUMENT NUMBER: N10000000235

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

Please return all correspondence concerning this matter to the following:

Astrid Vellon

(Name of Person)

The Law Offices of Astrid Vellon

(Name of Firm/Company)

1500 South Semoran Blvd

(Address)

Orlando FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

Astrid Vellon

(Name of Person)

at (407) 807-8060
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Lucia Soto, hereby resign as Treasurer
(Title)

of Semoran Business Partnership, Inc.,
(Name of Corporation)

N10000000235, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

 6-10-2010
(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