N11000010141

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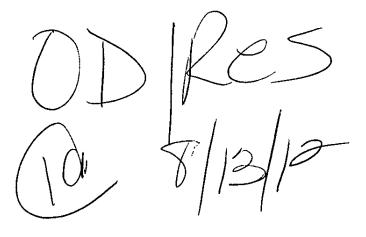




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COVER LETTER

Division of Corporations
SUBJECT: Vera Cruz Fule 60/ Club IoxC. (Name of Corporation)
DOCUMENT NUMBER: N/1000010141
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Peter Viero (Name of Person)
•
Vera Cruz Fufebol club Torc. (Name of Firm/Company)
(Name of Firm/Company)
219 Broodway AUR
Kissiononee Florida 34747 (City/State and Zip Code)
For further information concerning this matter, please call:
Petes Viero at (321) 352-0282 (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

CR2E044(08/05)

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Vero Cruz Fu-		0106.	IOYC.
<u>Y 11000010141</u> (Document Number, if known)	corporation org	anized under th	ne laws of the State of
7 Jorks			

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