

N1970000002250

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNION POSITIVA, INC.
(Name of Corporation)

DOCUMENT NUMBER: N97000002250

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

Please return all correspondence concerning this matter to the following:

MUNOZ, DORALBA ED

(Name of Person)

UNION POSITIVA, INC.

(Name of Firm/Company)

215 SW 17th AVENUE SUITE 310

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

MUNOZ, DORALBA ED at 305 644-0667
(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
P.O. Box 6327
Tallahassee, FL 32314

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

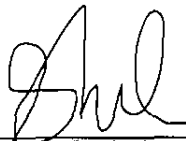
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, STACY READE, hereby resign as DIRECTOR
(Title)

of UNION POSITIVA, INC.
(Name of Corporation)

N97000002250, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS
2015 APR -9 AM 10:01

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