

P00000049410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

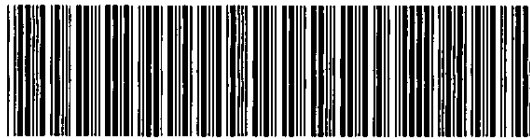
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*  
C.COULLETTE

JUL 31 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NOVE, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000049410  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

MARK LINNEHAN  
\_\_\_\_\_  
(Name of Person)

NOVE, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

350 SOUTH COUNTY ROAD #102  
\_\_\_\_\_  
(Address)

PALM BEACH, FL. 33480  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE E. RUIZ  
\_\_\_\_\_ at ( 305 ) 446-6002  
(Name of Person) (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**

I, CESARE BARRO, hereby resign as PT  
(Title)

of NOVE, INC.  
(Name of Corporation)

P00000049410, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
09 JUL 29 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314