## P0000059825

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(,
Certified Copies Certificates of Status
Sertificates of Status
Special Instructions to Filing Officer:
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04/18/08--01028--003 \*\*175.00

Of Bir Resign



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## **COVER LETTER**

SUBJECT: DIGIFONICA INTERMEDIAL CORP.

(Name of Corporation)

DOCUMENT NUMBER: POODOS 9 8 25

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)

NEW HORETONS INC.

(Name of Firm/Company)

Box F 42544

(Address)

FREEPORT BAHAMS
(City/State and Zip Code)

For further information concerning this matter, please call:

Robbert cordor at ( ) NOT AVAILABLE (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OB APR 18 PM 3: 20

FILED

SECRETARY OF STATE
FLORIDA

I, EMIL MALA	, hereby resign as DIRECTOR (Title)
	(Name of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	(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