## P0000108379

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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resignation of officer

07/18/11--01016--012 \*\*35.00

ZOIL JUL 18 PH 3: 34
SECRETARY OF STATE
TALLAHASSEE, FLORID

1/19/11

## **COVER LETTER**

	IATIONAL DEALTY INC
SUBJECT: MASTER INTERI	NATIONAL REALTY INC (Name of Corporation)
DOCUMENT NUMBER: PO	000108379
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
HAROLDO SILVA	
(Name of Pe	erson)
MASTER INTERNATIONAL F	REALTY INC
(Name of Firm/0	Company)
19111 COLLINS AVE, SUITE	. 1805
(Address	<u>s)</u>
SUNNY ISLES BEACH, FL 33	3160
(City/State and Z	Zip Code)
For further information concernin	g this matter, please call:
HAROLDO SILVA	at ( 305 ) 788-7533
(Name of Person)	at (305) 788-7533  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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

V FILED 2011 JUL 18 PM 3: 34

SECRETARY OF STATE SALLAHASSEE, FLORIDA

	INC.
T ALINE SILVA	, hereby resign as
	(Title)
of MASTER INTERNATIONAL R	
(Name o	of Corporation)
P0000108379 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	_·
Alin	re Silva
- (S	ignature 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