

PO1000044112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

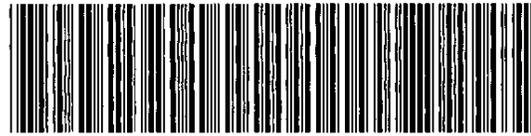
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Off. Resign

TB 6/19/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C. PADRON SURVEYORS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000044112

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

Please return all correspondence concerning this matter to the following:

CECILIO PADRON
(Name of Person)

C. PADRON SURVEYORS, INC.
(Name of Firm/Company)

4216 SW 10TH AVE
(Address)

CAPE CORAL ,FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

CECILIO PADRON at (239) 549-4412
(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**

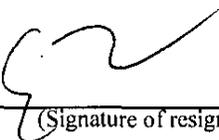
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TALLAHASSEE, FLORIDA

I, ERNESTO M. RIVAS, hereby resign as MGR
(Title)

of C. PADRON SURVEYORS, INC.
(Name of Corporation)

P01000044112, 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

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

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