P01000048274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** The COFRESI GROUP, CORP
(Name of Corporation)

**DOCUMENT NUMBER:** P01000048274

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

Please return all correspondence concerning this matter to the following:

Luciene COFRESI
(Name of Person)

The COFRESI GROUP
(Name of Firm/Company)

7500 COQUINA DRIVE
(Address)

North Bay Village FL 33141
(City/State and Zip Code)

For further information concerning this matter, please call:

Luciene COFRESI at (305) 389-4249
(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, MANUEL GILZOLLA, hereby resign as TREASURER (Title)

of The COFRESI Group, Corp. (Name of Corporation),

P01000048274 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

(Signature of resigning officer/director)

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**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