

P01000049949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600048409676

03/25/05--01013--015 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 25 AM 9:51

FILED

4-1 woffdir
ac resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cibran Management I, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO1000049949

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

Please return all correspondence concerning this matter to the following:

Mariano Cibran
(Name of Person)

(Name of Firm/Company)

P.O. Box 20751
(Address)

St. Pete, FL 33742
(City/State and Zip Code)

For further information concerning this matter, please call:

Mariano Cibran at (813) 810-7394
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

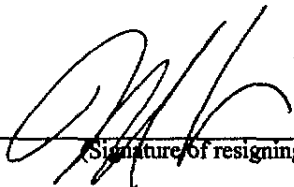
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mariano Cibran, hereby resign as President
(Title)

of Cibran Management I, Inc.
(Name of Corporation)

P01000049949, 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

FILED
05 MAR 25 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA