P01000059447

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
(City/State/Zip/Filone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									





300246251933

04/12/13--01018--007 **35.00

T3 FER 12 PH 12: 34

DD/RES 04.18.13

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: LUMP	SUM (Na	GLOUP me of Corporat	in)
	ument number: <u> </u>			
The er	nclosed Officer/Director Resign	nation for a	Corporation a	and fee are submitted for filing.
Please	e return all correspondence con	cerning this	s matter to the	following:
	PiGHOO BUA (Name of Perso	ടധ		
	•	•		
	(Name of Firm/Con	LOUN G	E	
	317 MINACE (Address)	MI	UE	
	OUAL GABUE S (City/State and Zip	Code)	33134	
For fu	urther information concerning the	his matter,	please call:	
	(Name of Person)	at	(786) (Area Code	554-67-13 & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made	payable to	the Florida D	Department of State.
Amen Divisi P.O. F	ing Address: Indment Section Indicate the Address: Indicate the Ad	Division of 409 E. Ga	dress: ent Section of Corporation ines Street se, FL 32399	s

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	P4 (AM20	BUASCO		_, hereby resign as	9 V	(Title)	
of		LUMP (Name	SUM of Corporati	GROUP			_,
P	O 1 000 50 (Document Number, i	7 447 if known)	, a corpo	ration organized under	the laws of	the State of	
	PROTUBA		·				
						13	# St
		(Signature of	refiguring officer/director)		- 12	器器
				5		温で	

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