# P01000065869

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(Address)
,
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**EXAMINER** 

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: VENTANA AL MAR,	INC.
	(Name of Corporation)
DOCUMENT NUMBER: P010	00065869
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
BETSY PARENTI	
(Name of Perso	n)
FOWLER RODRIGUEZ VALDES	S-FAULI
(Name of Firm/Con	npany)
355 ALHAMBRA CIRCLE, SUIT	E 801
(Address)	
CORAL GABLES, FL 33134	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
BETSY PARENTI	at ( 786 ) 364-8480
(Name of Person)	at ( 786 ) 364-8480 (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

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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I, MARIA ANTON	A RIVERO, hereby resign as_	ConPonate Strenelary
of VENTANA		
P01000065869 (Document Number, if known)	, a corporation organized und	der the laws of the State of
Florida		
	N. P.	
	(Signature of resigning officer/direct	r ci di
		NOV -9
	FILING FEE IS \$35.00	PH 2:1

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

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

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: VENTANA A LOS PINO	S CORP.
	(Name of Corporation)
DOCUMENT NUMBER: P020000	45972
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing
Please return all correspondence concern	ning this matter to the following:
BETSY PARENTI	
(Name of Person)	
FOWLER RODRIGUEZ VALDES-F	AULI
(Name of Firm/Compan	y)
355 ALHAMBRA CIRCLE, SUITE 8	01
(Address)	
CORAL GABLES, FL 33134	
(City/State and Zip Cod	e)
For further information concerning this r	natter, please call:
BETSY PARENTI	at ( 364-8480 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	vable to the Florida Department of State.
Amendment Section An Division of Corporations Div Clifton Building Pos	niling Address: nendment Section vision of Corporations st Office Box 6327 llahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MANIA PATONIA	RIVENO, hereby resign as Co	on Brate Sexnethy
of Ventana A	LOS PINOS CON me of Corporation)	P,
P0200045972 (Document Number, if known)  Flowda	, a corporation organized under the	
	A STATE OF THE STA	- NON GE - 20 NOT - 2
	(Signature of resigning officer/director)	9 PM 2: 46

**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