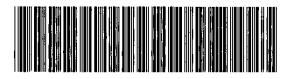
## P01000068825

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: FINANVEN USA, I	NC.
	(Name of Corporation)
DOCUMENT NUMBER: PO	1000068825
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
BETSY PARENTI	
(Name of Pe	rson)
FOWLER RODRIGUEZ VALE	DES-FAULI
(Name of Firm/C	ompany)
355 ALHAMBRA CIRCLE, SU	ITE 801
(Address	)
CORAL GABLES, FL 33134	
(City/State and 2	(ip Code)
For further information concerning	g this matter, please call:
BETSY PARENTI	at ( 786 ) 364-8480 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

i, MARIA ANTOMA	RIVENO	_, hereby resign as_	Conforate (Ti	Secretary
of_FINANUEN				<u> </u>
	(Name of Corporat	tion)		
Poloooo 68 825 (Document Number, if known)		oration organized un	der the laws of the	State of
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