## Po/000077/27

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	idress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





900081569959

11/08/06--01034--023 \*\*245.00



OBO Roy SH

## FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

06 NO. 8 PH 12: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, <u>//</u> a	rio Hernundoz, hereby resign as Mesido a 4 (Title)
	(Title)
of_ <i>A</i>	(Name of Corporation)
P010	a corporation organized under the laws of the State of ument Number, if known)
(D00	unent Number, it known)
F-16,	adm
	, ·
	(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