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	(Requestor's Name)	
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PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

SUBJECT: Desca, Corp.	(Name of Corporation)
DOCUMENT NUMBER: F0600	` '
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
Violeta Longino (Name of Pe	erson)
N/A (Name of Firm/o	Company)
4335 N Meridian Avenue (Address	s)
Miami Beach FL 33140 (City/State and 2	Zin Code)
For further information concerning	•
Violeta Longino (Name of Person)	at (305)5325986 (Area Code & Daytime Telephone Number)
,	ade 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 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as President
(Title)
ion)
ration organized under the laws of the State 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