

PO/000106435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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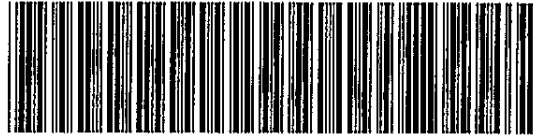
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: D'Arrigo Moda Italia, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P01000106435

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVIER DALMAU  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10840 SNAPPER CREEK ROAD  
(Address)

CORAL GABLES, FL 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAVIER DALMAU at (305) 793-1145  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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  
409 E. Gaines Street  
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JAVIER DALMAU, hereby resign as COO  
(Title)

of D'ARRIGO MODA ITALIA, INC.  
(Name of Corporation)

P01000106435, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
05 JUN 13 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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