P01000115562

(Requ	uestor's Name)	
. (Addı	ress)	
· (Addr	ess)	
(City/	State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)
Certified Copies	Certificate	s of Status
Special instructions to Fi	ling Officer:	

Office Use Only



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SECRETARY OF STATE

7/4/04 01D Res.

TRANSMITTAL LETTER

VCM INVESTMENTS CORPORATION (Name of Corporation) P01000115562 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OLIVA, MONICA (Name of Person) VCM INVESTMENTS CORPORATION (Name of Firm/Company) 3800 BATTERSEA RD (Address) **MIAMI FL 33133** (City/State and Zip Code) For further information concerning this matter, please call: MONICA OLIVA (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 21, 2004

Monica Oliva VCM Investments Corporation 3800 Battersea Rd. Miami, FL 33133

SUBJECT: VCM INVESTMENTS CORPORATION

Ref. Number: P01000115562

We have received your document for VCM INVESTMENTS CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A resignation was submitted but the document was not completed. Please complete the resignation and return it for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 404A00040910

The support that I want to have the

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Monica	Oliva	_, hereby resign as_	Vice Pre	esiSert.	-
of VCM In	Westments (Name of Corporal	(Dryoxa	atron.		
(Document Number, + 100 idg	, a corpo	oration organized un	der the laws of the	se State of	· -
•.,	JOUCUL (Signature o	UScor f resigning officer/direc	tor)	ON JUL-6 PHIZ: 53	

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

FILING FEE IS \$35.00

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