

PO1000116698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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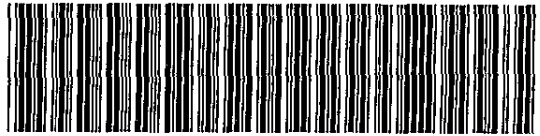
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CDM PROPERTIES, INC  
(Name of Corporation)

DOCUMENT NUMBER: 701000116698

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

Please return all correspondence concerning this matter to the following:

CLAVOLO DE MASSIS  
(Name of Person)

CDM PROPERTIES, INC  
(Name of Firm/Company)

7440 BYRON AVE. APT. 3B  
(Address)

MIAMI BEACH, FL 33141  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO DE MASSIS at (305) 864 4226 or 305 790.3298  
(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**

FILED  
04 OCT 25 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CLAVOLO, De Massis, hereby resign as P.  
(Title)  
of CDM PROPERTIES, INC  
(Name of Corporation)  
P01000116898, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Clavolo De Massis  
(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