01000120719

	equestor's Name)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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VO/D Resign. 5/3/05 DC

TRANSMITTAL LETTER

TO: Amendment S Division of Co	
SUBJECT: CITRO	NELLE INC
	(Name of Corporation) PDD: P01000120719
DOCUMENT NUM	BER: 1 0 1000 1207 10
The enclosed Officer/	Director Resignation for a Corporation and fee are submitted for filing
Please return all corre	spondence concerning this matter to the following:
С	DERRICK MARBLES
	(Name of Person)
•	CITRONELLE INC
(Na	ame of Firm/Company)
7:	300 BISCAYNE BLVD #400
	(Address)
ı	MIAMI, FL 33138
(Ci	ty/State and Zip Code)
For further information	on concerning this matter, please call:
RONALD F	RIGUAD 31 305 892-5222
(Name	at (305) 892-5222 (Area Code & Daytime Telephone Number)
Enclosed is a check for	or \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 3231	Street Address: Amendment Section Ons Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DERRICK MARBLES	, hereby resign as VICE PRESIDENT
	(Title)
of CITRONELLE,INC.	
(Name of Corpo	ration)
P01000120719 .a cor	poration organized under the laws of the State of
FLORIDA	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