

PO 1000 121519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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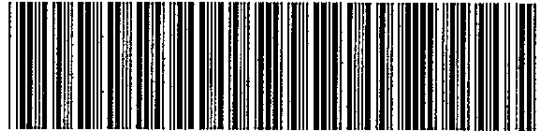
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALENOR, CORP.

(Name of Corporation)

DOCUMENT NUMBER: P01000121519

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

Please return all correspondence concerning this matter to the following:

AURA CARDENAS

(Name of Person)


(Name of Firm/Company)

3501 WEST VINE STREET SUITE 327

(Address)

KISSIMMEE, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

AURA CARDENAS

(Name of Person)

at (407) 9321729

(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
03 MAY -2 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, AURA CARDENAS, hereby resign as DIRECTOR
(Title)

of ALENOR, CORP.
(Name of Corporation)

P01000121519, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA,


(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