P02,00027406

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

101708



600136773686

10/13/08--01007--010 **35.00

2000 OCT 13 AM II: 11
SEGNETARE OF STATE
ARE AN ASSEE, FLORIDA

FLORIUS.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MEFO, INC
(Name of Corporation)
DOCUMENT NUMBER: P02000027406
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
GUADALUPE FOCIL
(Name of Person)
MEFO, INC
(Name of Firm/Company)
9695 NW 79TH AVE SUITE 36
(Address)
HIALEAH FL 33016 US
(City/State and Zip Code)
For further information concerning this matter, please call:
GUADALUPE FOCIL at (305) 5123477 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as FRESIDENT (Title)
ation) ,
oration organized under the laws of the State of
common organized under the laws of the blace of
Tresigning officer/director) A ST 2000 A ST A
!!!!!

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