## P02000115864

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	T MAIL
(Business Entit	v Name)
(Daomood Emai	, riamo,
(Document Nur	mhar)
(Document Nui	liberj
Operational Operations	***************
Certified Copies Certif	icates of Status
Special Instructions to Filing Office	er:

Office Use Only



200078357602

08/07/06--01003--005 \*\*35.00

FILED

06 AUG -7 AH 9: 22

SLCRETARY OF STATE
TALLAHASSEE, FIORINA

of off

## **COVER LETTER**

SUBJECT: Invertrust Inve	estment Corporation
•	(Name of Corporation)
DOCUMENT NUMBER:_	P02000115864
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing
Please return all corresponde	nce concerning this matter to the following:
Julian Osorio	
(Name	of Person)
(Name of F	irm/Company)
1110 Brickell Avenue, Su	ite 200
(Ac	ldress)
Miami, FI, 33131	
(City/State	and Zip Code)
For further information conce	erning this matter, please call:
Julian Osorio	at ( 305 ) 379-0029
(Name of Pers	at (305) 379-0029 (Area Code & Daytime Telephone Number)
	0 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	_, hereby resign as Director/ Vice President
	(Title)
of Invertrust Investment Corporation	
(Name of Corpora	tion)
P02000115864 , a corp	oration organized under the laws of the State of S
Florida  Tulián	G-7 AM 9: 22 HASSEE, FLORIDA  Fresigning 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