

P03000005809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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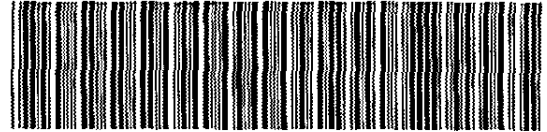
(Business Entity Name)

(Document Number)

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Old Resign.
mgm
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUE DIMENSIONS INC.
(Name of Corporation)

DOCUMENT NUMBER: IN 02-0665170

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

Please return all correspondence concerning this matter to the following:

CARLOS ARIEL CASALI
(Name of Person)

BLUE DIMENSIONS INC.
(Name of Firm/Company)

444 BRICKELL AVE SUITE 51-307
(Address)

MIAMI FL. 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS ARIEL CASALI at (305) 305 1764
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

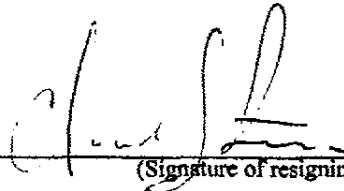
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CLAUDIA LUCIA SANTAMARIA, hereby resign as PRESIDENT
(Title)

of BLUE DIMENSIONS, INC.
(Name of Corporation)

P0300000809
02-6665170, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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04 JAN 20 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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