STANDARD STANDARDS

((Requestor's Name)	
((Address)	
	(Address)	
((City/State/Zip/Phone #)	<u> </u>
PICK-UP	WAIT [MAIL
(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Sta	itus
Special Instructions to Filing Officer:		

Office Use Only



300210811193

08/15/11--01025--007 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: 488 Sunny Isles Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000032410
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
ASA	AF HORESH
	(Name of Person)
488	SUNNY ISLES INC.
	(Name of Firm/Company)
488	SUNNY ISLES INC.
	(Address)
SUN	NNY ISLES INC. FL 33160
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
YAR	ON HORESH (Name of Person) at (305) 767-5468 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Address: Address: Amendment Section Amendment Section Division of Corporations n Building Executive Center Circle Dassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION ILED FOR A CORPORATION

2011 AUG 15 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASAF HORESH	, hereby resign as
	(Title)
f 488 SUNNY ISLES INC	
(Na	me of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
	~~~~~~~
	(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