

P03000033911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

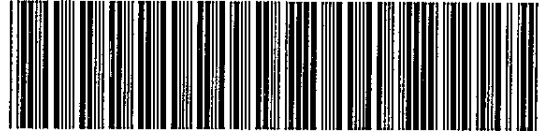
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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KRC  
11/2

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orleen Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P03000033911

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Daniel Vonachen

(Name of Person)

Orleen Inc.

(Name of Firm/Company)

PO Box 613011

(Address)

N Miami, Florida 33261-3011

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Vonachen

at

( 305 )

372-8511

(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**

I, Sylvain Vonachen, hereby resign as Secretary  
(Title)

of Orleen Inc.  
(Name of Corporation)

P03000033911 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

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