P03000039466

(Re	equestor's Name)	
(Ad	Idress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	(f)
PICK-UP	MAIT	MAIL
(D ₁)	-i Fath Name	
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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off. Resign.

B JAN 26 2010

COVER LETTER

SUBJECT: ESMERALD GROUP INC (Name of Corporation)
DOCUMENT NUMBER: Po 30000 39466
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NANCY Motta (Name of Person)
(
Csmerald Group Inc. (Name of Firm/Company)
15420 SW 13676 SF #26 (Address)
(Address)
Miami FC 33195 (City/State and Zip Code)
For further information concerning this matter, please call:
NAncy Mstta at (776) 795-9650 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, NANCY Motta, hereby resign as PD	(Presid	(est)
of ESMerald GROUP, Inc. (Name of Corporation) P0300038466 (Document Number, if known)		
(Document Number, if known) The state of th	ne State of	
,	20	
(Signature of resigning officer/director)	2010 JAN 26 SECRETAR TALLAHASS	T
	PH 3: 4: COF STATI	D

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