## P03000052579

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	
<b>\</b> -	,	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

officer Resignation

Office Use Only

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## TRANSMITTAL LETTER

SUBJECT:	C.A.T. WOOD	S CORP.
SCHOLET		(Name of Corporation)
DOCUMENT	Γ NUMBER:	P03000052579
The enclosed	Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return	all correspondenc	ce concerning this matter to the following:
FRANCISC	O BORGE	
	(Name of	f Person)
C.A.T. WOO	DDS CORP,	
	(Name of Fir	m/Company)
3660 NW 48	8 TERRACE	
	(Add	ress)
MIAMI, FL 3	33167	
	(City/State ar	nd Zip Code)
For further inf	ormation concern	ning this matter, please call:
FRANCISCO	BORGE	at ( 786 ) 234-5677 (Area Code & Daytime Telephone Number)
	(Name of Person	(Area Code & Daytime Telephone Number)
Enclosed is a	check for \$35.00	made payable to the Florida Department of State.
Mailing Addr Amendment Son Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. LEOPOLDO BORGE	, hereby resign as_	DIRECTOR
-7		(Title)
of C.A.T. WOODS CORP.		
	e of Corporation)	,
P03000052579	, a corporation organized un	der the laws of the State of
(Document Number, if known)	<u></u>	
FLORIDA		
	<b>—</b> ·	

(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