P03000058901

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

Office Use Only



700129913977

05/30/08--01034--006 **35.00



Resign.

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT:_ARCO, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000058901
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
ELL	IOTT HARRIS, ESQ.
	(Name of Person)
ELL	IOTT HARRIS, P.A.
	(Name of Firm/Company)
111	SW 3 STREET, SIXTH FLOOR
	(Address)
MIA	MI, FLORIDA 33130
•	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
LIZA	GARCIA at (305) 358-0146 (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.
Amen Divisi Cliftor 2661	Mailing Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ANTONIO CHAHINE JR.	, hereby resign as V. PRESIDENT/DIRECTOR		
**	(Title)		
of ARCO, INC.			
	e of Corporation)		
P03000058901	_, a corporation organized under the laws of the State of		
(Document Number, if known)	<u> </u>		
FLORIDA			

FILING FEE IS \$35.00

ature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314