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SECRETARY OF STATE
TALLAHASSEE FLORIDA



TRANSMITTAL LETTER

(Name of Corporation) DOCUMENT NUMBER: POBODO (a 6449) The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Name of Firm/Company) Address) Ave (Address) (City/State and Zip Code)	TO: Amendment Section Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Name of Firm/Company) Address) Ave (Address) For further information concerning this matter, please call:	(Name of Corporation)
(Name of Person) Come 2 (Name of Firm/Company) (Name of Firm/Company) Address) Address) For further information concerning this matter, please call:	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
23740 Don Ave (Address) Sovework Fl. 3276 (City/State and Zip Code) For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
23740 Don Ave (Address) Sovework Fl. 3276 (City/State and Zip Code) For further information concerning this matter, please call:	(Name of Person)
	Name of Firm/Company)
	23740 Doan Ave
	Sorrento Fl. 32776 (City/State and Zip Code)
(Name of Person) at (352) SO4-638 (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	(Name of Person) at (352) 504-638 (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
P.O. Box 6327
Tallahassee, FL 32314

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

05 NOV 15 PM 8: 08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

	SOLE FLORIDA
I, Lonzalo Silva, hereby resign as Div.	ie)
of Jones Franco, Inc. (Name of Corporation)	
(Name of Corporation) 7 P03000(00449 a corporation organized under the laws of the (Document Number, if known)	State of
Doude.	

(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