P03000079817

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	



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03/24/05--01055--002 **35.00

officer Resignation

Office Use Only

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TRANSMITTAL LETTER

SUBJECT: ARRICTA PERIOD & Superated, INC. (Name of Corporation)
DOCUMENT NUMBER: Q0300079817
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Graguel Cutro Hercia (Name of Person)
Arrela Merida de Associateo, INC (DBA) FIESTAS DEPOT. (Name of Firm/Company)
13379 SW 114 TR Plisein (Address)
Plianie (City/State and Zip Code)
For further information concerning this matter, please call:
Roquel Cotto at (305) 3884367-7862810099 (Name of Person) (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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION AND ARRY OF STATE FOR A CORPORATION

of Arriels Herida & Associated, Folk, (Title)

of Arriels Herida & Associated, Folk, (Name of Corporation)

Observed (Name of Corporation)

Accorporation organized under the laws of the State of Herida

Harida

(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