P0300099270		
(Requestor's Name) (Address) (Address)	500092245805	
(City/State/Zip/Phone #)	03/15/0701008010 **35.00	
(Business Entity Name) (Document Number)		
Certified Copies Certificates of Status	FILED TMAR 15 PH 4:23 CRETARY OF STATE LAHASSEE. FLORIDA	
Office Use Only	Ch,	

## **COVER LETTER**

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TO: Amendment Section Division of Corporations

LORING, INC SUBJECT Name of Corporation 030000 99270**DOCUMENT NUMBER:** 

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)

SW 22 TER. (Address) 90 MIAMI - FL - 33185 (City/State and Z

For further information concerning this matter, please call:

(Name of Person) at (<u>786</u>) <u>299</u>-3777 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Mauricio</u> Nie	to, hereby resig	in as Director, Vice Prosider
of Budget Cuttin	Name of Corporation)	,
PO3 COOD 99 270 (Document Number, if kno	, a corporation organize	ed under the laws of the State of
Florida	<u> </u>	· · · · · · · · · · · · · · · · · · ·

07 MAR 15 PM 4: 23 Π ILED lς officer director) (Signa ning S

## 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

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