

P03000105159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

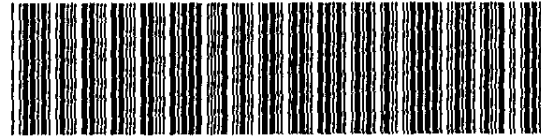
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*O/D resign.*

*75  
12/15*

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CASA Menor Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P03000105159

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina Diaz-Padron  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1528 Camelia Ave.  
(Address)

COVAL GAMES, FL 33146  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cristina Diaz-Padron at (305) 546-7004  
(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

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

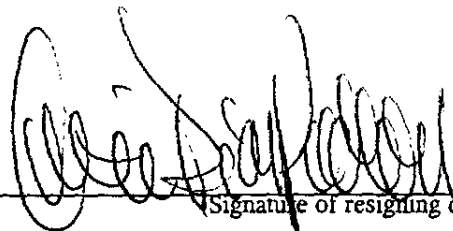
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CRISTINA DIAZ-PADRON, hereby resign as VICE PRESIDENT (V)  
(Title)

of CASA MAYNOR CORP.  
(Name of Corporation)

PO3000105159, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

  
(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