P03000111569		
(Requestor's Name) (Address) (Address)	100039172091	
(City/State/Zip/Phone #)	07/26/0401021002 **35.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: CANED 7/29 JS MI/D2ED PINA -MI/D2EDQUA JS MI/D2ED PINA -MI/D2EDQUA SOUEIVED CALL 01/80 - SAME DA SOUEIVED CALL 01/80 - SAME DA	SECRETINEY OF STATE	
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TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

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SUBJECT: BMO COLORS, INC.	
SUBJECT: (Name of Corporation) DOCUMENT NUMBER: PO3000111569	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
OFELIA M. COLUNGA (Name of Person)	
B.M.O. COLORS, INC. (Name of Firm/Company)	
100 LINCOLN ROAD, # 1006 (Address)	
MIAMI BEACH, FLORIDA 33139 (City/State and Zip Code)	
For further information concerning this matter, please call:	
OFELIA M. COLUNGA (Name of Person) at (786) 488-3986 (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

AKA MIHI MILDRED CRUZ PRESIDENT /CL hereby resign as 1,

of_____B. M. O. COLORS, INC.

(Name of Corporation)

PO3000111569

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

FLORIDA

(Signature of resigning officer/director)



(Title)

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