

P03000111569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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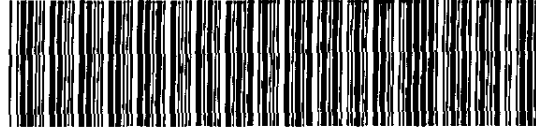
(Business Entity Name)

(Document Number)

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2005 MAY 23 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation
LFS
5-26-05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B M O Colors, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO 3000 11569

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)

BMO Colors Inc.
(Name of Firm/Company)

822 SW 66 Avenue
(Address)

Miami, Florida
(City/State and Zip Code)

For further information concerning this matter, please call:

Ofelia M. Colunga at (786) 432 3986
(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

FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2005 MAY 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ofelia M. Colunga, hereby resign as Officer/Director
(Title)

of B M O Colors
(Name of Corporation)

PO 3000 111569, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Om Colunga
(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