

PD4000006552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

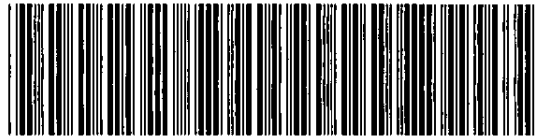
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000137161540

10/24/08--01022--007 **35.00

FILED
08 OCT 24 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette

C.COULLIETTE

OCT 28 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SURE DEVELOPMENT CORP.
(Name of Corporation)

DOCUMENT NUMBER: P04000006552

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

Please return all correspondence concerning this matter to the following:

SERGIO RUBALCABA

(Name of Person)

SURE DEVELOPMENT CORP.

(Name of Firm/Company)

2021 SW 3rd AVENUE, SUITE 1203

(Address)

MIAMI, FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

SERGIO RUBALCABA

(Name of Person)

at (**305**) **968-5575**

(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

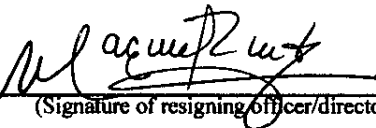
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA E. ALMEIDA, hereby resign as Secretary/Director
(Title)

of SURE DEVELOPMENT CORP.
(Name of Corporation)

P04000006552, 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

FILED
08 OCT 24 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA