

P04000039899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

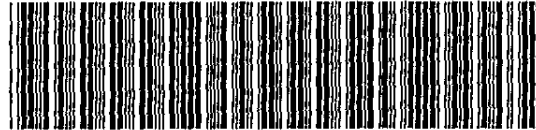
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900043277079

12/13/04--01009--006 **35.00

FILED
04 DEC 13 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D resign.
7/5
12/15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CASA DOTTORE, Corp.
(Name of Corporation)

DOCUMENT NUMBER: P04 0000 39899

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 Cantoria Ave.
(Address)

Coral Gables, 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**

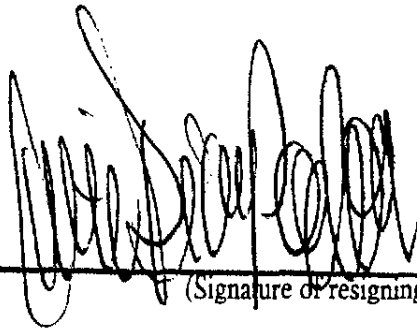
FILED
04 DEC 13 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Cristina Diaz-Padron, hereby resign as vice president (VP)
(Title)

of CADA DOTHORE, Corp.
(Name of Corporation)

P04 0000 39899, 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