

P04000058835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

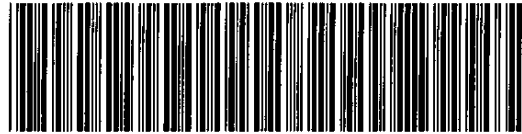
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~T. Roberts~~ OCT 04 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIC PORT ST. LUCIE CORP
(Name of Corporation)

DOCUMENT NUMBER: P04000058835

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

Please return all correspondence concerning this matter to the following:

FREDDY SEMPRUN

(Name of Person)

RESIC PORT ST. LUCIE CORP.

(Name of Firm/Company)

3725 SE OCEAN BLVD. #200

(Address)

SEWALL'S POINT FL 34996

(City/State and Zip Code)

For further information concerning this matter, please call:

FREDDY SEMPRUN

(Name of Person)

at ()

(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**

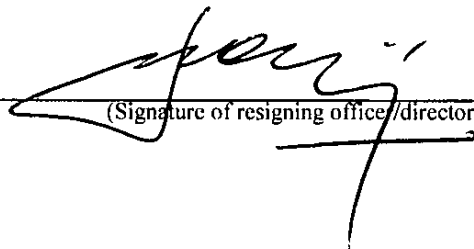
**FILED
07 SEP 28 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, JORGE BOCCHINI, hereby resign as PRESIDENT/DIRECTOR
(Title)

of RESIC PORT ST. LUCIE CORP,
(Name of Corporation)

P04000058835, 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