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TRANSMITTAL LETTER

SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER:	P040000 59400
The enclosed Officer/Director I	Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
D INESH (Name of	D. Person)
(Name of Fire	,
P.O. Box 550	992 ess)
JACKSONILLE (City/State an	FL 32255
For further information concern	ning this matter, please call:
DINESH D. PA	at (904) 945-9474 (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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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TALLAHASSEE, FLORIDA

I, DINESH D. PAREL, hereby resign as CFO
(Title)
of (Name of Corporation)
(Name of Corporation) Poyo o 59400 , a corporation organized under the laws of the State of (Document Number, if known)
FLORIDA.
aller
(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