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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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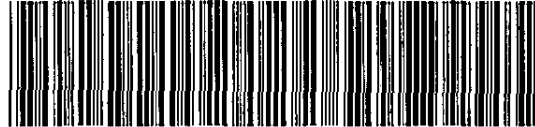
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CM Evolution, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000063339

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

Please return all correspondence concerning this matter to the following:

Giuliano Boreggio  
(Name of Person)

CM Evolution, Inc.  
(Name of Firm/Company)

3529 W. ATLANTIC BLVD APT #1007  
(Address)

POMPANO BEACH FL 33069  
(City State and Zip Code)

For further information concerning this matter, please call:

Giuliano Boreggio at ( 954 ) 245-8127  
(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**

I, Eduardo Marques, hereby resign as Director  
(Title)

of CM Evolution, Inc.  
(Name of Corporation)

P04000063339, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Eduardo Marques  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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