P040000977/2

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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Of De Resign

10 APR 30 PM 2: 03

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DO RE MI RECORDS, INC.	
(Name o	of Corporation)
DOCUMENT NUMBER: P04000097712	
The enclosed Officer/Director Resignation for a Co	rporation and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
JULIO C. CABALLERO	
(Name of Person)	
DO RE MI RECORDS, INC.	
(Name of Firm/Company)	
2000 N.W. 96 AVENUE, SUITE 1	
(Address)	**************************************
DORAL, FL 33172	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
JULIO C. CABALLERO at (305 766-4107 Area Code & Daytime Telephone Number)
(Name of Person) (A	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 Addr Amendment S Division of Co Post Office Bo Tallahassee, F	ection orporations ox 6327

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

10 APR 30 PM 2: 03

ARY OF STATE
ORION

LUIS FIGUEROA	, hereby resign as SECRETARY	r L 0,
.,	(Title)	
of DO RE MI RECORDS, INC		
	me of Corporation)	,
PP04000097712	, 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