

PO4000119515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2006 JUN 20 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*

C. Ouhllette JUN 26 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CONSTANZA LINA SCATTOLINI P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000119515

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

Please return all correspondence concerning this matter to the following:

CONSTANZA LINA PROFETA

(Name of Person)

CONSTANZA LINA PROFETA, P.A.

(Name of Firm/Company)

10556 NW 26TH STREET - SUITE D 101

(Address)

DORAL, FL. 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

CONSTANZA LINA PROFETA at ( 305 ) 629 81 91  
(Name of Person) (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

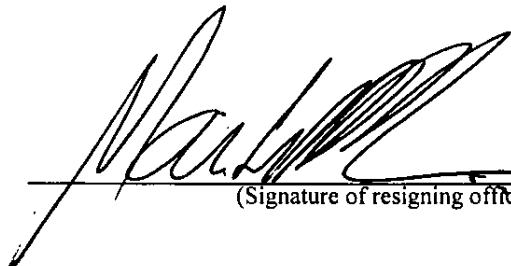
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MAURO SCATTOLINI, hereby resign as VICE PRES/TREAS.  
(Title)

of CONSTANZA LINA SCATTOLINI P.A.  
(Name of Corporation)

P04000119515, 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

**FILED**  
**2006 JUN 20 AM 8:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**