## P04000132075

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	∍#)
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OFF. Resign

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	TECT: ANACONDA TILE, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P04000132075
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
ELIV	WAR DECARVALHO
	(Name of Person)
E.R.	C. CONSULTING, INC.
,	(Name of Firm/Company)
2929	9 E COMMERCIAL BLVD, 409
	(Address)
FT L	AUDERDALE, FL 33308
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
ELIW	VAR DECARVALHO at ( 954 ) 491 1950 ext 213 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CARLOS E. AZEVEDO	, hereby resign asPRES./SECRETARY/DIR.
7	(Title)
of ANACONDA TILE, INC.	
(Name of	Corporation)
P04000132075 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	
	SECRETARY FILED  ALLAIMS FILED  hature 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