## P04000 139688

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(* 14	<i>a.</i> 000)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
0 45 10 1					
Certified Copies Certificates of Status					
<del></del>					
Special Instructions to Filing Officer:					
		}			
		ļ			
		ł			
<u> </u>	<del></del>				

Office Use Only



100055505941

06/27/05--01032--017 \*\*35.00

05 JUN 27 PH 4:57
SECRETARY OF STATE
TALLAHASSEF FIGURE



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: YAQUE , COZP. (Name of Corporation)
DOCUMENT NUMBER: PO400139688
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
701 Sw 27 AVE STE 606 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305 ) 631-0331 EXT.19 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment Section _Division of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	TOSEFINA	FLORES	, hereby resign as	Secae ta (Title	<b>2</b> 7	_
of_	YAQUE CO	(Name of Corpo	oration)		,	
	(Document Number, if k	nown)	poration organized und	er the laws of the S	tate of	
	FLARIDA	······································				
		900/		ti.		
	×	(Signature	of resigning officer/directo	TÄLLA	OS JUN SECRETI	-4
				HASSEE F	4 N F	ニニロコ
		FILING	G FEE IS \$35.00	LUKIDA	7 PH 4:58	
	Make check	s payable to Flor	ida Department of Sta	ite and mail to:		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314