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COVER LETTER

SUBJECT: DOCUMENT NUMBER: POHOOO147723 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 Firm/Company) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	Julio Me	mez	, hereby resign	asSec	(Title)
of	OBL	(Name of Corpo	ration)		
Po	Document Number, if known	3, a con	rporation organized	under the law	s of the State of
_F(e-Ida		• •		
			(D	
	<u> </u>	(Signature	of resigning officer/di	rector	

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