

P04000159562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C.COULLIETTE

DEC 10 2008

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FEGA AMERICLEAN, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P04000159562

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

Please return all correspondence concerning this matter to the following:

APOLINAR RODRIGUEZ

(Name of Person)

(Name of Firm/Company)

2461 S. W. 102 AVENUE

(Address)

MIRAMAR, FL. 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

APOLINAR RODRIGUEZ

(Name of Person)

at ( 954 ) 736-6702

(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

**GASTON R. ALVAREZ, P.A.**

ATTORNEY AT LAW

GABLES INTERNATIONAL PLAZA  
PENTHOUSE 1-C  
2655 S. LEJEUNE ROAD  
CORAL GABLES, FLORIDA 33134

TELEPHONE  
(305) 443-3812

FAX  
(305) 441-9109

December 2, 2008

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

**Re: FEGA AMERICLEAN, INC.**

Dear Sir/Madam::

Attached please find my client's check in the amount of \$122.50 together with the Officer/Director Resignation, as well as the Resignation of Registered Agent.

Should you have any questions and/or comments, please do not hesitate to contact my office.

Sincerely yours,

  
GASTON R. ALVAREZ

GRA/kbs  
Encls.

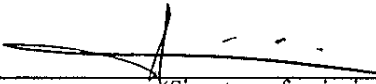
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, APOLINAR RODRIGUEZ, hereby resign as PRESIDENT  
(Title)

of FEGA AMERICLEAN, INC.  
(Name of Corporation)

P04000159562, 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**

**FILED**  
08 DEC -5 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**

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