## P05000014200

(Requestor's Name)
(Address)
(Address)
(riddicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200212584112

09/30/11--01025--005 \*\*35.00



299/V

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	BRIGAR CORP
	(Name of Corporation)
DOCUMENT NUMBER:	P05000014200
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	ncerning this matter to the following:
NELSO F. GA	ARCIA
(Name of Pers	on)
BRIGAR CO	RP
(Name of Firm/Co	mpany)
11350 SW 223	RD ST
(Address)	
MIAMI, FL 33	3170
(City/State and Zi	o Code)
For further information concerning	this matter, please call:
ERNESTO SAN	at ( 786 ) 218-2207
(Name of Person)	at ( 786 ) 218-2207 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e 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, ERNESTO SAN	, hereby resign as	OFFICER (Title)	
UI	RIGAR CORP me of Corporation)	<b>,</b>	
P05000014200 (Document Number, if known)	, a corporation organized under th	e laws of the State of	
FLORIDA			
	THE EPHESTO SAN		
	(Signature of resigning officer/director)		The state of the s

## 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