P05000018908

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
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(Bu	siness Entity Nam	ne)
(Document Number)		
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
ALL AHASSEE FROM

officer Resignation

COVER LETTER

TO: Amendment Section Division of Corporations			
SUB	JECT: FONTE MANUFACTURING GROUP, INC.		
	(Name of Corporation)		
DOC	CUMENT NUMBER: P05000018908		
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Pleas	se return all correspondence concerning this matter to the following:		
BE.	TZAIDA FONTE		
	(Name of Person)		
FO	NTE MANUFACTURING GROUP, INC.		
	(Name of Firm/Company)		
180	9 S. POWERLINE ROAD - SUITE 105		
	(Address)		
DE	ERFIELD BEACH, FL 33442		
	(City/State and Zip Code)		
For f	urther information concerning this matter, please call:		
вет	ZAIDA FONTE		
	(Name of Person) at (
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.		
Ame Divis Clifto 2661	Mailing Address: Indment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. BETZAIDA NMN FONTE	, hereby resign asVP AND SEC
ŧ	(Title)
of_ FONTE MANUFACTURING GROUP	
(Name of Corpo	oration)
P05000018908	rporation organized under the laws of the State of
FLORIDA :	
(Signiture	c 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