

POS000020038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

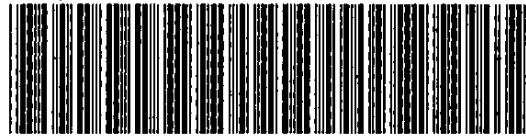
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DARFAB, CORP
(Name of Corporation)

DOCUMENT NUMBER: PO50000 20038

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

Please return all correspondence concerning this matter to the following:

FABIANA LAZCANO
(Name of Person)

DARFAB, CORP
(Name of Firm/Company)

1254 St. Andrews Pl. #305
(Address)

MIRAMAR, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

FABIANA LAZCANO at (786) 234 1699
(Name of Person) (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

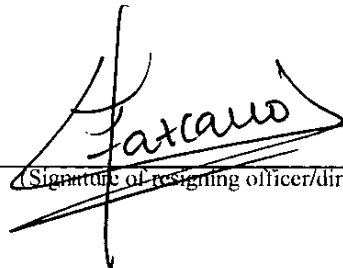
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FABIANA LAZCANO, hereby resign as President / secretary
(Title)

of Darfab, Corp.
(Name of Corporation)

PO5000020038, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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