## P05000020314

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## **COVER LETTER**

Division of Corporations				
SUBJECT: Nox / Orser	frant:	and	tranz	Corp
DOCUMENT NUMBER:	(National of C	orporation)	15	3

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

Please return all correspondence concerning this matter to the following:

Cloudes M Lusa (Name of Person)
Max/knaow Trop a Exp (Name of Firm/Company)
3445 58 Age NE (Address)
Maples TL 34120 (Chty/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (239) 214-1023 (Area Code & Daytime Telephone Number)

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

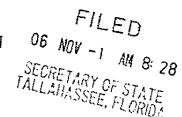
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



J,_	Claudio	anul M.	, hereby res	nign as <u>V1Co</u>	(Title)
of_	Mexilo	Name of C	ordion)	togx3 L	Carp.
<u>P</u>	05000 (Document Numb	20314 a	corporation organi	ized under the laws	of the State of
	Florida				

(Signature of resigning officer/director)

FILING FEE IS 35-

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

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