P05000092980

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

Office Use Only



900113067029

12/14/07--01012--008 **35.00

OT DEC 14 PH 2: 36
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Cyrcu Rision Crimmuphy 12/17/07

COVER LETTER

SUBJECT: ///ERAMERICAN Communications Gloup

(Name of Corporation)

DOCUMENT NUMBER: // 5566692986

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

Please return all correspondence concerning this matter to the following:

LEOLARDO JAURENA

(Name of Person)

// (Name of Firm/Company)

TIO S. BALK R.J. #1412

(Address)

LLOUPWARD (Address)

LLOUPWARD F. 3302/

(City/State and Zip Code)

For further information concerning this matter, please call:

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

(Name of Person) at (786) 235-2300 (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Just	Moin	pone, heret	y resign as	LECTOR (Title	<u></u>	
of NERDA	<i>jeliča</i> v	Ommun	i OSTIONS	•	7	,
POSODO (Document Num	692980	of Corporation)	organized under th			
horida	A					
			\sim			
-		Signature of resigning	g officer/director)		וארר מירני מירני	}
		/			OT DEC 14	<u> </u>
					PH:	

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

FILING FEE IS \$35.00

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