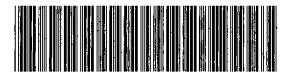
## P05080117690

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





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## **COVER LETTER**

Amendment Section

**Division of Corporations** 

TO:

ORISGEN CORPORATION (Name of Corporation) P05000117690 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROBERTO RODRIGUEZ** (Name of Person) **ORISGEN CORPORATION** (Name of Firm/Company) 8917 NW 188 TER (Address) HIALEAH, FL 33018 (City/State and Zip Code) For further information concerning this matter, please call: **ROBERTO RODRIGUEZ** (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section Division of Corporations Clifton Building **Division of Corporations** 

Post Office Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MAGALY HERNANDEZ	hereby resign as PD
	(Title)
of ORISGEN CORPORATION	
(Name	of Corporation)
P05000117690	_, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	<b></b> '
222	2. 7/
Madal	ignature of resigning officer/director)
7	A S
	TA.
	HE SE
	SEE 12
F	ILING FEE IS \$35.00
Make checks payable to Florida Department of State and mairio:	

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