

POS000119490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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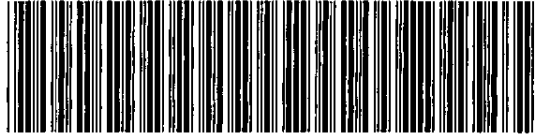
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

TS  
DO  
11/8/07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SANTA CRUZ INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P050000119490

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

Please return all correspondence concerning this matter to the following:

GALYA SANTA CRUZ

(Name of Person)

SANTA CRUZ INC

(Name of Firm/Company)

1215 RESERVE WAY #202

(Address)

NAPLES FL 34105

(City/State and Zip Code)

For further information concerning this matter, please call:

GALYA SANTA CRUZ

(Name of Person)

at ( 239 ) 465-3811  
(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, MIHAI ZAHARENCU, hereby resign as PRESIDENT  
(Title)

of SANTA CRUZ INC  
(Name of Corporation)

P050000119490, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**07 NOV -5 AM 11: 57**  
**SECRETARY OF STATE**  
**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