

PO5000125922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CIFUENTES ENTERPRISE INC.  
(Name of Corporation)

DOCUMENT NUMBER: P05000125922

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

Please return all correspondence concerning this matter to the following:

Hamil CIFUENTES  
(Name of Person)

Palm Bay STELL  
(Name of Firm/Company)

1540 PALM BAY rd  
(Address)

Palm Bay FL 32905  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hamil CIFUENTES at (772) 621-0190 or (321) 6765803  
(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

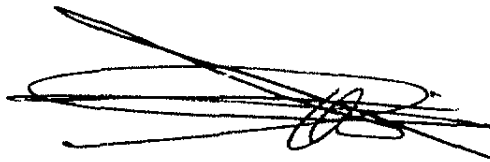
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Hamil Cifuentcs, hereby resign as President  
(Title)

of CIFUENTCS ENTERPRISE INC,  
(Name of Corporation)

P05000125922, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

**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

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