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: (Requestor's Name) (Address)	800106883748
(Address) (City/State/Zip/Phone #)	08/06/0701019008 **35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

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ORIDA JAK. **SUBJECT** Name of Corporation \cap **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:

WA INC. (Address) (iAN (City/State and Zip Code)

For further information concerning this matter, please call:

6 ð Code & Daytime Telephone Number) (Name

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

<u>President</u> (Title) South Mar.do, Juic. I, Moruca Londono, hereby resign as_ South amona (Name of Corporation) ____, a corporation organized under the laws of the State of (Document Number, if known)

AUG HASSEE. FLORIDA հ Signature of resigning officer/director) AM بې

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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