P05000139361

-

(Rec	questor's Name)	<u> </u>		
(Ada	Iress)			
(Adc	lress)			
(City/State/Zip/Phone #)				
		MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

400117591784

02/11/08--01018--018 **35.00



Officer Risign CrimMurphy 2/15/08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 700 Curtiswood, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000139361

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

Please return all correspondence concerning this matter to the following:

Alvaro Castillo B.

(Name of Person)

Castillo & Associates

(Name of Firm/Company)

1390 Brickell Avenue, Suite 200

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Alvaro Castillo

(Name of Person)

at (<u>305</u>)<u>371-5540</u> (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

CR2E044(08/05)

١,

7'		R / DIRECTOR RESIGNATION OR A CORPORATION		
	Alvaro Castillo B.	, hereby resign as Director as	nd Officer (Title)	_
	of 700 Curtiswood, Inc.			
	(Na P05000139361 (Document Number, if known) Florida	(Signature of resigning officer/director)	of the State of SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
		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