## PD 5000/42235

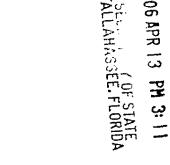
(Re	equestor's Name)						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nam	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						





100070185581

04/13/06--01031--005 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Milenio Financial Corp. (Name of Corporation)
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:
Joshua Re4PS (Name of Person)
Milenia Financial Corp.  (Name of Firm/Company)
P.O. BOX 263274 (Address)
TAMPA, FL 33685-3274 (City/State and Zip Code)
For further information concerning this matter, please call:
Toshua ReYes at (813) 900-3274  (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

l,	Lucia R	e405	, hereb	y resign as_	Vice T	Dresident (Title)	
of	Hilenia	Financial (Name of Co		, Corp.			,
	(Document Number,	a	•	rganized und	ler the laws o	of the State of	
	Florita					₹ <sub>0</sub> 9	
			0 1			OG APR 13 T	77
		(Signat	ure of resigning	officer/directo	or)	PH 3: SEE, FLC	11
							<u>-</u>

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