

P05000153889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

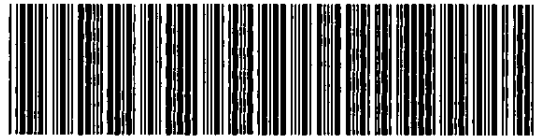
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100143893561

02/20/09--01013--002 **35.00

Mr/Del Lery

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 20 AM 10:42

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CIREPA, INC.
(Name of Corporation)

DOCUMENT NUMBER: 905000153889

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

Please return all correspondence concerning this matter to the following:

MIGUEL E. BERMUDEZ
(Name of Person)

CIREPA, INC.
(Name of Firm/Company)

1702 NW 36TH STREET
(Address)

MIAMI, FLORIDA 33142
(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL E. BERMUDEZ at (305) 305-3572
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 20 AM 10:42

I, MIGUEL E. BERMUDEZ, hereby resign as VICEPRESIDENT
(Title)

of CIREPA, INC.
(Name of Corporation)

P05000153889, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

x Miguel E. Bermudez
(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