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(Requestor's Name) (Address) (Address)	200157267462
(City/State/Zip/Phone #)	06/24/0901042008 ** 35.00
(Document Number)	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

<u>SSCC CIEDLP</u>, INC (Name of Corporation) **SUBJECT:** P05000161317 **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:

ERMANUE LE SAGE (Name of Firm/Company) 68 SE 15T ST STE 604/6005 Miami FL 33131 (City/State and Zin Code)

For further information concerning this matter, please call:

(Name of Person) at (305) 338-8802 (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

1. FEENANDO AGE, hereby resign as ENT

(Name of Corporation) of IN

PO 5000 1613 7 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: 09 JUN 24 PM 1: 59 Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314