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COVER LETTER

Division of Corporations
SUBJECT: MARCOS THERAPY, INC (Name of Corporation)
_
DOCUMENT NUMBER: <u>P0600002262</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE R DUENAS (Name of Person)
(Name of Person)
MEDITERRANGO THERAPY, INC (Name of Firm/Company)
(Name of Film/Company)
9600 SW 8 ST SUT # 9 (Address)
(Address)
MIAMI FC 33174 (City/State and Zip Code)
For further information concerning this matter, please call:
JOSE R DUENAS at (305) 423-5269 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section

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

I, JOSE R DUENAS, hereby resign as VICE PRESIDE	TNT
of MARCOS THERAPY INC	
(Name of Corporation) P06.00002262, a corporation organized under the laws of the State of	- '
iument Number, if known) Florida Flor	<u> </u>
ASSE	FILE
Jose Rober 1000 PESTATION	D 17: 50
(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