P0600005047

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	Idress)	<u> </u>				
(Cit	ty/State/Zip/Phone	; #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



900238340559

08/10/12--01006--007 **35.00

2012 AUG TO A 10: 40
SECRETARY OF STATE

T. LEMIEUX



COVER LETTER

:

Division of Corporations
SUBJECT: Arboleda Holdings, Inc Name of Corporation) DOCUMENT NUMBER: P0600000 5047
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eddie Arbaleda
(Name of Person) Arboleda Holdings, Inc (Name of Firm/Company) 4855 NW 58 th Pl (Address)
Complete H 33073 (City/State and Zip Code)
For further information concerning this matter, please call: Figure Avolved at (954, 259-9903) (Name of Person) at (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Susan	Arbol.	ech	, hereby	resign as_	Seu	refai	74	
of	Arb	iledy	Hold	engs,	Inc		(111	10) 😽	,
Po	(Document Number	5047	ume of Corpora L, a corp	ooration or	ganized und	cr the law	s of the	State c	of
	Florida		•						
		Suoan	Ab	eleda					
			(Signature o	of resigning (officer/directo	or)			
							SECRETA TALLAHAS	7818 AUG 10	77
			FILING	FEE IS \$:	35.00		RY OF	10 A 10:	
	Make o	checks payab	ole to Florio	da Depart	ment of St	ate and m	S to:	<u>수</u>	O

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314