(Requestor's Name)	
(Address)	6001073589
(Address)	Alseso
(City/State/Zip/Phone #)	90 07
(Business Entity Name)	08/09/0701040 _C
(Document Number)	
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUB.	BJECT: UNIDOS PAINTING, IN	1C.	
		(Name of Corpor	ation)
DOC	CUMENT NUMBER: P06000	0010357	
The e	enclosed Officer/Director Resignation	tion for a Corporatior	and fee are submitted for filing.
Pleas	se return all correspondence conce	rning this matter to th	ne following:
JUA	AN PALACIO		
	(Name of Person)		
UN	IIDOS PAINTING, INC.		
	(Name of Firm/Comp	any)	•
143	30 W. BUSCH BLVD., SUITE D)-1	
	(Address)		•
TAI	MPA, FL 33612		
	(City/State and Zip C	ode)	•
For f	further information concerning this	s matter, please call:	
JUA	AN PALACIO	at (813	933-8820 e & Daytime Telephone Number)
	(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Encl	losed is a check for \$35.00 made p	ayable to the Florida	Department of State.
Ame Divis Clift 2661	endment Section ision of Corporations Iton Building	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Fallahassee, FL 32314	ons 4

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

CLAUDIA MEJIA	, hereby resign as_	SECRETARY	יייייי,
	, nordey resign us_	(Title)	
of UNIDOS PAINTING, INC.	and Commonstice)		,
(Nai	me of Corporation)		
P06000010357 (Document Number, if known)	, a corporation organized un	der the laws of the State of	•
FLORIDA	·		
	(Signature of resigning officer/direc	(or)	
	(Signature of resigning officer/direc	tor)	

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