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(Requestor's Name) (Address) (Address)	500290357765
(City/State/Zip/Phone #)	09/19/1601093014 **35.00
Business Entity Name)	
(Document Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Clear Falls INC

(Name of Corporation)

DOCUMENT NUMBER: P06000016988

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

Please return all correspondence concerning this matter to the following:

Laura E. Kelly

(Name of Person)

Laura E. Kelly, P.A.

(Name of Firm/Company)

1430 South Dixie Highway #309

(Address)

Coral Gables, FI. 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

at (786) 598-0763 (Area Code & Daytime Telephone Number) Laura E. Kelly (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} Gonzalo Munoz	, hereby resign as President/Director
of Clear Falls Inc.	3
P06000016988	f Corporation)
Florida	
(Sig	gnature of resigning officer/director)
FI	LING 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