PO6000025024

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400066170194

03/02/06--01010--017 **35.00

My Dir Perezio 2h 3/10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOF a Business Solutions, Inc. (Name of Corporation)
DOCUMENT NUMBER: POCOO 25024
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexis Triana
(Name of Person)
So Fla Business Solutions, Inc. (Name of Firm/Company)
(Name of Firm/Company)
11395 SW 57 St. (Address)
Miami, Fl 33173 (City/State and Zip Code)
For further information concerning this matter, please call:
Alexis Triana at (305) 798-0748 (Name of Person) at (305 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

I,	Randy	Borges	hereby resign	ias Vice	Presid	ent		-
of	SoFla	Business (Nam	Solutions, Inc e of Corporation)				,	
<u> </u>	(Document Num	iber, if known)	, a corporation organized	l under the la	ws of the S	GCREJARY OF STATE	06 MAR -2 PM 12: 25	
		Par	was Rouge	, •)		>>		

(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