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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ORMAZA, /NC. (Name of Corporation)
DOCUMENT NUMBER: P0600030286
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Martin G. Ormaza (Name of Person)
Or maza, NC. (Name of Firm/Company)
7411 Avenida Del Mar#2305
Boca Raton, FL 33433 (City/State and Zip Code)
For further information concerning this matter, please call:
Martin G. Ormaza at (561) 2450554 (Name of Person) (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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