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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT:_DOUBLE GROUP, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: P06000032681
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
MA	URICIO GONZALEZ
	(Name of Person)
DO	UBLE GROUP, INC.
	(Name of Firm/Company)
193	80 COLLINS AVE PH 19
	(Address)
SU	NNY ISLES BEACH, FL 33160
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
MAL	JRICIO GONZALEZ (Name of Person) at (305) 935 2908 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, MAURICIO GONZALEZ	, hereby resign as DIRECTOR
-7	(Title)
ofDOUBLE GROUP, INC.	
(Name	of Corporation)
P06000032681 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	<u>_</u> .
	R
	Pleaper
	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