

P06000064045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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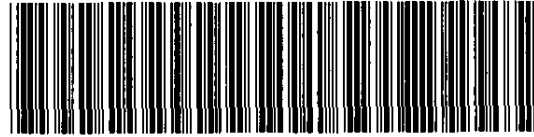
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 30 2010

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Parrondo & Associates, P.A.  
(Name of Corporation)

DOCUMENT NUMBER: PO4000064045

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

Please return all correspondence concerning this matter to the following:

Doreen Parrondo  
(Name of Person)

Parrondo & Associates, P.A.  
(Name of Firm/Company)

4000 Ponce De Leon Blvd, Suite 470  
(Address)

Coral Gables, FL 33146  
(City/State and Zip Code)

For further information concerning this matter, please call:

Doreen Parrondo at (305) 247-7600  
(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**

I, Peter M. Navas, hereby resign as Director  
(Title)

of Parrondo & Associates P.A.  
(Name of Corporation)

PO0000064045, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS  
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**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