## P.060000 73036

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	sin <b>ess</b> Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		10.000 miles
	,	**************************************

Office Use Only



500081238825

11/02/06--01013--023 \*\*35.00

Par Charles

OG NOV -2 PM 5: 19
SEURETARY OF STATE

## **COVER LETTER**

Division of Corporations COPACABANA PAINTING INC SUBJECT: (Name of Corporation) P06000073036 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARCOS A REZENDE (Name of Person) CSG - CAPITAL SERVICES GROUP INC (Name of Firm/Company) 446 WEST HILLSBORO BLVD (Address) DEERFIELD BEACH, FL 33441 (City/State and Zip Code) For further information concerning this matter, please call: MARCOS A REZENDE (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Division of Corporations Amendment Section Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, ODILON DUARTE	, hereby resign as PRE	SIDENT-DIRECTOR
		(Title)
of COPACABANA PAINTING IN		
(Nam	e of Corporation)	,
P0600073036 (Document Number, if known)	, a corporation organized under the	<del>_ 1</del>
FLORIDA		06 NOV -2 SEURETAR ALLAHASS
	munice	2 PM 5: 19 RY OF STATE SEE. FLORIDA
•	(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