## PO6000078949

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE ALLAHASSEE, FLORID,

**COVER LETTER** 

TO:	Amendment Section
	Division of Corporations

SUBJECT: Avilo Intended Change Cop
(Name of Corporation)

DOCUMENT NUMBER: PO 6000078949

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

Please return all correspondence concerning this matter to the following:

Name of Person)
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
7758 NW 4457 SUNNISL
((144-155)
(City/State and Zip Code)
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (95) 600 580/ (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, Sintfago Rinoldo, hereby resign as P165	Title)	_
of Avilo International Group Comp (Name of Corporation)		,
P0600078949 , a corporation organized under the laws of the Control of the Contro	he State of	
	2008 SEI	
(Signature of resigning officer/director)	2008 JUN -9 SECRETARY ALLAHASSE	

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