(Requestor's Name) , (Address)	
(Address)	700106157587
(City/State/Zip/Phone #)	07/16/0701069004 **35.00
(Business Entity Name)	
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SECRETARY OF STATI ALLAHASSEE. FLORI
	0/0 Resign. 07/25/07
Office Use Only	07/20/12

## COVER LETTER

**TO:** Amendment Section Division of Corporations

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USA INVESTMENT (Name of Corporation) SUBJECT: SIMON INC. P06000086775 **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:

1	MON	S	FRUG	011	
	(	Name of P	erson)		
SI				JESTMENT	INC
	(Nar	ne of Firm/	Company)		
3900	NW	.79	AVe	#729	
		(Addres	is)		
DORAL	FI		33166		
	(City	/State and	Zip Code)		

For further information concerning this matter, please call:

<u>AONICA FRUGOLI</u> (Name of Person) at (<u>786</u>) <u>3125822</u> (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

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**OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION 1, MONICA FRUGOL?, hereby resign as PRESIDENT (Title) of SIMON USA INVESTMENT (Name of Corporation) INC 06000086775 (Document Number, if known) \_\_\_\_\_, a corporation organized under the laws of the State of FLORIDA officer/director) nature of resigning RETARY OF STATE AHASSEE. FLORIDA Ĩ Ì STILLES 16 PH 4:50  $\Box$ FILING FEE IS \$35.00

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## Make checks payable to Florida Department of State and mail to:

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