06000105574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300089934273

03/07/07--01021--009 **35.00

Mr/Du Resign

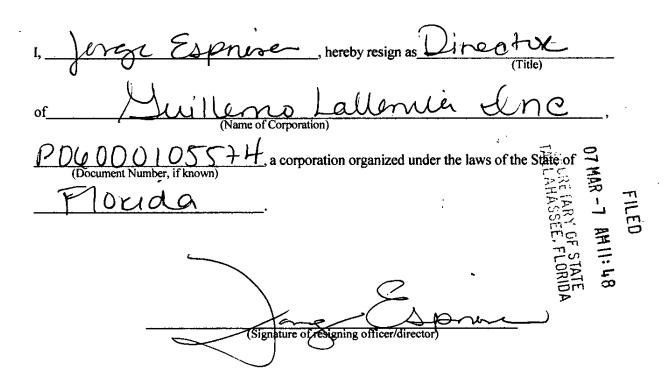
TROBERS MARO 9 2007

COVER LETTER

Division of Corporations
SUBJECT: Sullerno Lallanula elno. (Name of Corporation)
DOCUMENT NUMBER: POGOOIOSS74
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorge A. Espinos a (Name of Person)
(Name of Firm/Company)
8851 N.W. 1195+ 4114 (Address)
Liallen FL 33018 (City/State and Zip Code)
For further information concerning this matter, please call:
Suil almurat (305) 821. 7343 (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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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