

P06000126283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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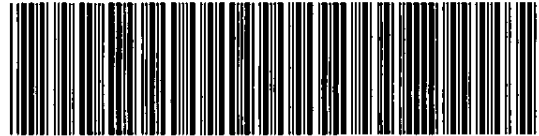
(Business Entity Name)

(Document Number)

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Milan Financial Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000126283

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

Please return all correspondence concerning this matter to the following:

Roilan Goenaga
(Name of Person)

Milan Financial Group, Inc.
(Name of Firm/Company)

6864 S.W. 8th Street
(Address)

Miami, FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Roilan Goenaga at (305) 264-3515
(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, Roilan Goenaga, hereby resign as Director
(Title)

of Milan Financial Group, Inc.
(Name of Corporation)

P06000126283, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 10/25/09
(Signature of resigning officer/director)
Roilan Goenaga

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

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