P07000003057

(Req	uestor's Name)	
(Add	ress)	
(Addi	ress)	
(City)	/State/Zip/Phone	e #f)
(Oity)	State/Zip/i none	<i>-</i> ,,
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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08 APR 25 AH IO: 45
SECRETARY OF STATE
TALL AHASSEF. FLORIO.

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ADD 2 9 2008

COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT:	Niagara Outso	liagara Outsourcing Services Inc				
-	(Name of Corporation)					
DOCUMEN	IT NUMBER:_	P070000030	057			
The enclosed	l Officer/Directo	r Resignation f	or a Co	rporatio	n and fee are submitted	l for filing.
Please return	all corresponde	nce concerning	this ma	atter to tl	he following:	
Hector A N	Mesa					
	(Name	of Person)			-	
Niagara O	utsourcing Ser	vices Inc				
	(Name of F	irm/Company)			-	
5220 NW	72nd Avenue #	2				
	(Ac	ldress)			-	
Miami, FL	33166					
	(City/State	and Zip Code)			-	
For further in	nformation conce	erning this matt	ter, plea	se call:		
Angelica R	estrepo		at (305) 437-9812 e & Daytime Telephone	
	(Name of Pers	on)	_ w <u> </u>	Area Cod	e & Daytime Telephone	Number)
Enclosed is a	check for \$35.0	0 made payable	e to the	Florida	Department of State.	
Stungt Addu		Melle	.a. Adds	.0.7.7.1		

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,	hereby resign as Director				
*,	, norcoy tosign us	(Title)			
of Niagara Outsourcing Services In	nc				
(Name of	Corporation)	,			
P0700003057 (Document Number, if known)	, a corporation organized under the laws	of the State of			
Florida					
4	mature of resigning officer/director) LING FEE IS \$35.00	OB APR 25 AH IO: 45 SECRETARY OF STATE TALL AHASSEE, FLORIDA			
.		>			

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

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