P07000024881

(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



300131804993

06/30/08--01028--012 **35.00

OBJUN30 M 9:55

Resignation

7/3/08

COVER LETTER

SUBJECT: Paradise Farms Organic, Corp. (Name of Corporation)
(Name of Corporation) DOCUMENT NUMBER: PO70000 24881
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriele Moveuski (Name of Person)
Pavadse Farms Orsanic, Corp. (Name of Firm/Company)
198015W 320 St. (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Cabriele Mareuski at (305) 248 4181 (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l, _	Sobastion Christopher Sirasus P	itle)	·*··**	
of_	Paradise James Organic, (Name of Corporation)	COR	P	. ,•
	PO7000 2488 , a corporation organized under the laws of the (Document Number, if known)	e State o	f	
	Florida.			
	(Signature of resigning officer/director)	SECRETAR	06 NNF 80	CONTRACTOR OF THE PROPERTY OF
	FILING FEE IS \$35.00	Y OF SIA	AH 9: 5	

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

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