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





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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: PRONETUS CORPORATION (Name of Corporation)
DOCUMENT NUMBER: P070000 49999
DOCUMENT NUMBER: 1 9 7 0 0 0 0 7 7 7 7 4
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GABRIEILE OTTAVIO (Name of Person)
PRONETUS CORP (Name of Firm/Company)
IIII CRANDON BIVD, C-701 (Address)
KEY BISCAYNE FL 33149 (City/State and Zip Code)
For further information concerning this matter, please call:
GABRIEUE OTTAVIO at (305) -365 - 634/ (Name of Person) at (305) -365 - 634/ (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SABRIENE OTTAVIO, hereby resign as_	DIRECTOR
	(Title)
of PRONETUS CORPORATION	
(Name of Corporation)	
(Document Number, if known), a corporation organized under	er the laws of the State of
FLORIDA	
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(Signature of resigning officer/directo	
(Signature of resigning officer/directo	<u> </u>
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	08 JUN 13 SECRETAR) ALLAHASS
FILING FEE IS \$35.00	ma z m
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Make checks payable to Florida Department of Sta	STATE LORIDA ate and mail to:

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