

P07000089266

(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



900183609009

07/27/10--01012--009 \*\*35.00

FILED  
10 JUL 27 PM 1:33  
TALLAHASSEE, FLORIDA

7/27/10  
ygo

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEOMELISSA, CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000089266

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

Please return all correspondence concerning this matter to the following:

ADELFO ROQUE

(Name of Person)

CAPITAL ACCOUNTS, INC.

(Name of Firm/Company)

PO BOX 527803

(Address)

MIAMI, FL 33152-7803

(City/State and Zip Code)

For further information concerning this matter, please call:

305-482-9615

(Name of Person)

at ( 305 ) 482-9615

(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, RENE FORMOSO, hereby resign as PRESIDENT  
(Title)

of LEOMELISSA, CORP.  
(Name of Corporation)

P07000089266, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
10 JUL 27 PM 1:34  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**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