## P07000102858

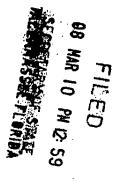
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
· :							

Office Use Only



400119676314

03/10/08--01028--005 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: F & O Gables INC (Name of Corporation)  PO 3000 1000 500								
DOCUMENT NUMBER: <u>PO 7000 102858</u>								
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
(Name of Person)  FEOGABLES INC  (Name of Firm/Company)  7404 SW 107 PL  (Address)								
Hlami FL 33173 (City/State and Zip Code)								
For further information concerning this matter, please call:								
Jose Ouvedo at (305) 303 7201 (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,	ose	hamo	n Oviedo	), hereby resign as	VICE	presider	1
						(Title)	
of	Ŧ	é 0	Gables (Name of Corp	INC.			······································
		<i>t</i>	(Name of Corp	oration)			
<u> PO</u>	7 <i>00</i> (Docum	O 1 O Z nent Number, i	858, a co	rporation organized u	nder the la	ws of the State of	•
#1	oric	19	•				

(Signature of resigning officer/director)

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