## PD7000135169

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	÷ #)			
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(Business Entity Name)					
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DIVISION OF CORPORATIONS

DD/RES 10/3/10/09

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJ	JECT:	HUETAMO, INC.		
JUB	LC1.	(Name of Corporation)		
DOCUMENT NUMBER:		P07000135169		
The e	nclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing		
Pleas	e return all correspondence	concerning this matter to the following:		
	DOMINGA MAI	LDONADO		
	(Name of Po	erson)		
HUETAMO,		), INC.		
	(Name of Firm/	Company)		
	1499 S. CONGR	ESS AVE.		
	(Addres	s)		
	DELRAY BEACH,	FL 33445		
	(City/State and	Zip Code)		
For fi	irther information concerning	ng this matter, please call:		
	MIGUEL ARZATE	at ( 561 ) 274-8112 (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclo	sed is a check for \$35.00 m	ade payable to the Florida Department of State.		
Amer Divis Clifto 2661	t Address: Idment Section Idment Sec	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	DOMINGA MALDONADO	)	, hereby resign as	President/Director (Title)
of		UETAMO,		
	(Nam	e of Corporatio	n)	
	FLORIDA	, a corporation organized under the laws of the State of		
	(Document Number, if known)		Ü	
	P07000135169			

FILING FEE IS \$35.00

Pominga Maldonado
(Signature of resigning officer/director)

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 SECRETARY OF STATE OIVISION OF CORPORATIONS