P07000135309

(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:





300116664243

02/04/08--01009--029 **85.00

FILED

08 FEB -4 PM 1:21

SECRETARY OF STATE ALLAHASSEE, FLORIDA

officulesign ainmurphy 217108

COVER LETTER

TO: ' Amendment Section Division of Corporations

SUBJECT: Vicente Distribution	Service, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P0700	00135309
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Nurian Krefft	
(Name of Perso	n)
(Name of Firm/Con	npany)
13356 SW 52 Street	
(Address)	
Miramar, FL 33027	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Nurian Krefft	at (786) 200-6669
(Name of Person)	at (786) 200-6669 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations Clifton Building	Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. NURIAN KREFFT	hereby resign as VP
7	(Title)
of Vicente Distribution Service I	nc.
	e of Corporation)
P07000135309 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	Meff Signature of resigning officer/director) Note of the TARY OF STATE 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