P08000012172

(Requestor's Name)		
(Address)	(
(Address)		
,		
(City/State/Zip/Phone #)		
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(Business Entity Name	<u>;)</u>	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. Roberts MAR 0 41 2009)

COVER LETTER

Division of Corporations
SUBJECT: BEO MANAGEMENT, INC.
(Name of Corporation)
DOCUMENT NUMBER: P08000012172
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BEATRIZ OJEDA
(Name of Person)
BEO MANAGEMENT, INC.
(Name of Firm/Company)
9601 LITTLE RIVER BOULEVARD
(Address)
MIAMI, FL 33147
(City/State and Zip Code)
For further information concerning this matter, please call:
BEATRIZ OJEDA at (305) 992-0168 (Area Code & Daytime Telephone Number)
(Name of Person) (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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, BEATRIZ OJEDA	, hereby resign as VICE-PRESIDENT
	(Title)
ofBEO MANAGEMENT, INC.	
(Name of Corpo	iration)
P08000012172 , a cor (Document Number, if known)	rporation organized under the laws of the State of
FLORIDA	e 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