P08000019420

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	+ #)
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COVER LETTER

TO: Amendment Section : Division of Corporations

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SUBJECT: CASINO PAINTING, INC.		
(Name of Corporation)		
DOCUMENT NUMBER: P080000	19420	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerr	ing this matter to the following:	
LISA RODRIGUEZ		
(Name of Person)		
CASINO PAINTING, INC.		
(Name of Firm/Company)		
16508 NW 17 STREET		
(Address)		
PEMBROKE PINES, FL 33028		
(City/State and Zip Cod	e)	
For further information concerning this r	natter, please call:	
ADELKIS RODRIGUEZ	at (at (954)441-1345 (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.		
Amendment Section An Division of Corporations Division Building Pos	niling Address: nendment Section vision of Corporations st Office Box 6327 Ilahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LISA RODRIGUEZ	, hereby resign asSECRETARY	
-7	(Title)	
of CASINO PAINTING, INC.		
(Name of Corp.	oration)	
P08000019420 , a co	rporation organized under the laws of the State of	
FLORIDA .		
(Signature	SLORE TARY OF STATE O	

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