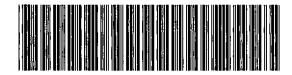
## P08000025893

(Re	equestor's Name)	
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## COVER LETTER

TO: ** Amendment Section ***  **Composition of Corporations**
SUBJECT: XTARP SOLUTIONS, CORP.
(Name of Corporation)
DOCUMENT NUMBER: P08000025893
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mavra Alonso
Mayra Alonso (Name of Person)
XTARP SOLUTIONS, CORP.
(Name of Firm/Company)
, 450 W. 44th Place (Address)
Hialeah, FL 33012 (City/State and Zip Code)
For further information concerning this matter, please call:
Mayra Alonso at (305) 904-0927 (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 2012 JUL -6 PM 2: 09

SECRETARY OF STATE TALLAHASSEE FLORIDA

Jorge Govea	, hereby resign as_	President
	thereby resign as_	(Title)
of XTARP SOLUTIONS, CORP.		
	of Corporation)	
P08000025893 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida	•	
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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