

PO 80003/202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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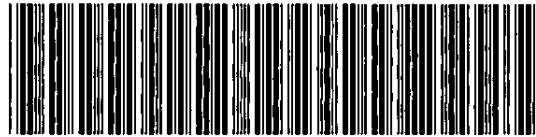
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEMUNDO INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P0800003/202

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRIA D BAILEY  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10358 S.W 207 TERRACE  
(Address)

Miami, FL 33189  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patria Bailey at (305) 299-6610  
(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  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Patricia D Bailey, hereby resign as Director  
(Title)

of DEMUNDO INC. (Address: 122 NW 79th Miami FL 33150)  
(Name of Corporation)

PO 8000031202, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Patricia Bailey  
(Signature of resigning officer/director)

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2009 JAN 15 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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