(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:	

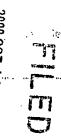
Office Use Only

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## **COVER LETTER**

Division of Corporations
SUBJECT: Power DIVISION, Inc. (Name of Corporation)
DOCUMENT NUMBER: POSO00032952
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
2011a Bustamante
(Name of Person)  Power DIVISION ICC  (Name of Firm/Company)
1049 NW 31 Ave (Address)
Pompano Beach, FC 33000 (City/State and Zip Code)
For further information concerning this matter, please call:
Zoila Bustamante at (954) 970-449 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

to the second

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO:** Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Mario Bistamante, Jr, hereby resign as Vice Pro	esiden Title)	+
of Power Division, Iv.		<b></b> ,
Po 8000 32752, a corporation organized under the laws of the (Document Number, if known)	he State of	
Florida.		
(Signature of resigning officer/director)	2009 OCT 16 AM 9: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDI	

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