P08000035824

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	. MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument·Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATEMS
STORE OF CORPORATIONS
09 AUG 21 AM '9: 00

COVER LETTER

SUBJECT: SOLAGIO INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P0800035824</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
YUSUF ROZNOGAN (Name of Person)
SOLAGTO TWO (Name of Firm/Company)
148 Sandy (Ay)) Rive. (Address)
MIRAMAR BEACH FL 32550 (City/State and Zip Code)
For further information concerning this matter, please call:
YUSUSE 1202) DO-A~ at (850) 460-6552 (Name of Person) at (850) 460-6552 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION OFFICER / DIRECTOR RESIGNATION OFFICER / D

I, YUSUF BOZDOGAW, hereby resign as Secretary Director

of SOLAGIO TWC(Name of Corporation)

POSOCOO35K24, a corporation organized under the laws of the State of (Document Number, if known)

FIORIDA

(Signature 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