

P08000054434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CM RAMIREZ ENTERPRISES  
(Name of Corporation)

**DOCUMENT NUMBER:** P 08000054434

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

Please return all correspondence concerning this matter to the following:

ANGEL RONCANCIO

(Name of Person)

CM RAMIREZ ENTERPRISES

(Name of Firm/Company)

13101 HEATHER MOSS 904

(Address)

ORLANDO FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL RONCANCIO at ( 407 ) 334-1333  
(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

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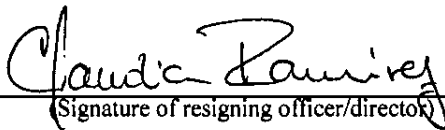
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CLAUDIA RAMIREZ, hereby resign as OFFICER  
(Title)

of CM RAMIREZ ENTERPRISES,  
(Name of Corporation)

P08000054434, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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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