

PD80000068409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

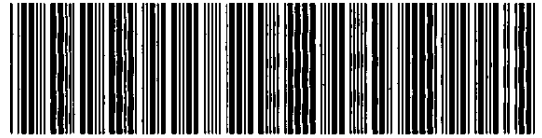
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
10 JAN 13 PM 2:15

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10 / 15 / 10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLOUD PC CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000068409

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

Please return all correspondence concerning this matter to the following:

Neil Alexander Diola  
(Name of Person)

CLOUD PC CORP.  
(Name of Firm/Company)

4923 AUGUSTA AVE.  
(Address)

OLDSMAR, FL 34677  
(City/State and Zip Code)

For further information concerning this matter, please call:

Neil Alexander Diola at (727) 6881065  
(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, Neil Alexander Diola, hereby resign as PRESIDENT <sup>DIRECTOR</sup> ~~CEO~~ <sub>(Title)</sub> <sup>(M)</sup>

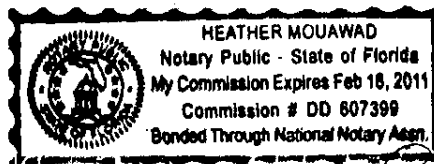
of CLOUD PC CORP.  
(Name of Corporation)

P08000068409 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

*[Signature]*

(Signature of resigning officer/director)



**FILING FEE IS \$35.00**

*[Signature]*

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
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TALLAHASSEE, FLORIDA