08MM80632

•		•
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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officer Resignation

9/15/08

COVER LETTER

SUBJECT: ARDECOR PROD	UCTOS Y SERVICIOS CORP
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: POS	3000080632
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
ANABELL PORRAS	
(Name of Pe	rson)
ARDECOR PRODUCTOS Y S	SERVICIOS CORP
(Name of Firm/C	Company)
7210 SW 57 AVE SUITE 203	
(Address)
MIAMI FL 33143	
(City/State and Z	Cip Code)
For further information concerning	g this matter, please call:
ANABELL PORRAS	at (305) 6701013 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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 2008 SEP 8 AM 8: 29

TALLAHASSEE, FLORIDA

, NATALIA PENATE	, hereby resign as	DIRECTOR	ON IDA
			(Title)
of ARDECOR PRODUCTOS Y S	SERVICIO US (ORP		
(Name	of Corporation)		
P08000080632 (Document Number, if known)	_, a corporation organized ur	nder the laws of	the State of
FLORIDA			
LONDA	•		

(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