## P080000947165

(Re	questor's Name)	_	
(Ad	dress)		
,	,		
(Ad	dress)		
(Cit	y/State/Zip/Phone	: #)	
PICK-UP	MAIT	MAIL	
	· ·		
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:	j	
		ļ	

Office Use Only



900234261349

05/03/12--01029--009 \*\*35.00

DIVISION OF CORPORATIONS

12 MAY -3 PM 1: 36



## **COVER LETTER**

Division of Corporations				
SUBJECT: JUANNI INC.				
(Name of Corporation)				
DOCUMENT NUMBER: P080	000094765	FN-	EIN	263577476
The enclosed Officer/Director Resignation	gnation for a Co	orporatio	n and fee	are submitted for filing.
Please return all correspondence co	ncerning this m	atter to the	he follow	ving:
EDILMA THORNBURG				
(Name of Pers	son)		-	
(Name of Firm/Co	mpany)		-	
3152 GOING TO THE SUN				
(Address)	· · · · · · · · · · · · · · · · · · ·		-	
SEBRING, FL 33872				
(City/State and Zi	p Code)		-	
For further information concerning	this matter, ple	ase call:		
EDILMA THORNBURG	at (	863	385-5	5233 ime Telephone Number)
(Name of Person)	(	Area Cod	lé & Dayt	ime Telephone Number)
Enclosed is a check for \$35.00 mad	e payable to the	e Florida	Departm	ent of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Add Amendment S Division of C Post Office B Tallahassee, I	Section orporatio ox 6327	ons 4	

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L JUAN C. PAREDES	, hereby resign as PRESIDENT			
"	(Title)			
of JUANNI, INC	,			
	ne of Corporation)			
P08000094765	, a corporation organized under the laws of the State of			
(Document Number, if known)				
P08000094765				

(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 12 MAY -3 PM 1:36