## P08000101417

(Requestor's Name)	
(114-1-1-1)	
·	
(Address)	
(1887,555)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Priorie #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200162754612

11/18/09--01020--025 \*\*35.00

M/Richsep

09 NOV 18 AM 9: 20

SECRE (ARY OF STATE DIVISION OF CHREORATIONS

## **COVER LETTER**

SUBJECT: IRIMO CORP (Name of Corporation) P08000101417 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NEREIDA BOMBINO** (Name of Person) IRIMO CORP (Name of Firm/Company) 8075 NW 8 STREET APT # 5 (Address) MIAMI, FL. 33126 (City/State and Zip Code) For further information concerning this matter, please call: **NEREIDA BOMBINO** (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



NEREIDA BOMBINO	, hereby resign as PRESIDENT
· · · · · · · · · · · · · · · · · · ·	(Title)
of IRIMO CORP.	
(Name	e of Corporation)
P080000101417	, a corporation organized under the laws of the State of
(Document Number, if known)	<u> </u>
FLORIDA	·
	06
	The second secon
	Signature of resident of ficer (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