

P08000109719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

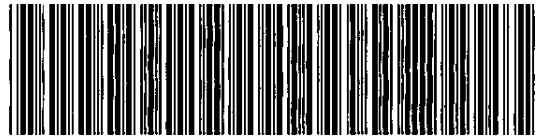
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CALAFATES Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P08000109719

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

Please return all correspondence concerning this matter to the following:

Daniel Gomes  
(Name of Person)

Calafates Inc.  
(Name of Firm/Company)

19310 SW 30<sup>th</sup> Street  
(Address)

Miramar FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Gomes at (415) 260-0227  
(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**

**FILED**  
09 JAN 28 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ANA CRISTINA GOMES, hereby resign as D.V.P.S  
(Title)

of CALAFATES INC.  
(Name of Corporation)

P08000109719, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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