

P09000017927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

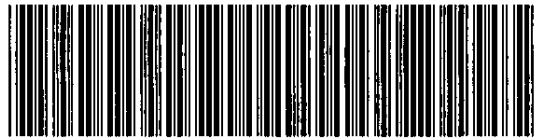
(Business Entity Name)

(Document Number)

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*Dr. / Ali Raza*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 27 PM 12:10

MAR 31 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Figueredo Boutsis e Montalvo, P.A.  
(Name of Corporation) †

**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:

Laura Mares  
(Name of Person)

Figueredo Boutsis e Montalvo  
(Name of Firm/Company)

18001 Old Cutler Rd, #556  
(Address)

Miami, FL 33157  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Mares at (305) 854-5353  
(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

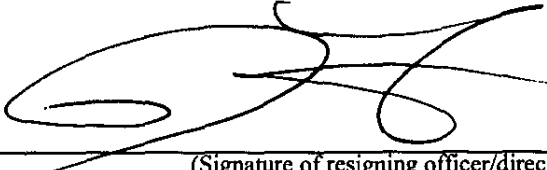
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 27 PM 12:10

I, Luis R. Figueredo, hereby resign as President  
(Title)

of Figueredo Boutsis & Montalvo, P.A.  
(Name of Corporation)

PO900017927, 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