

FB 9000032/34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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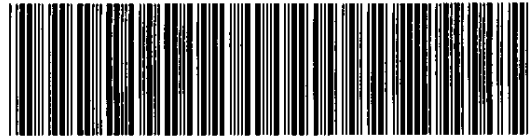
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature and date 7/1/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN DRIVE RECOVERY RESORTS - MANSION, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000032134

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

Please return all correspondence concerning this matter to the following:

KUTOFF, ELIYAHU M

(Name of Person)

(Name of Firm/Company)

1835 NE MIAMI GARDENS DRIVE Suite 125

(Address)

NORTH MIAMI BEACH FL 33179 US

(City/State and Zip Code)

For further information concerning this matter, please call:

Eliyahu Kutoff

(Name of Person)

at (305) 804 - 2594

(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

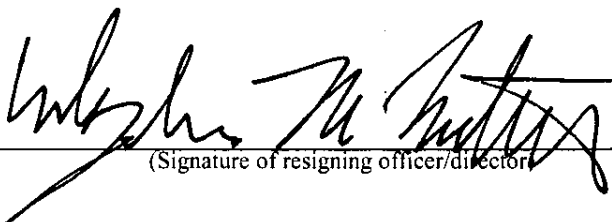
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KUTOFF, ELIYAHU M, hereby resign as President
(Title)

of OCEAN DRIVE RECOVERY RESORTS - MANSION, INC.
(Name of Corporation)

P09000032134, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
2011 JUN 28 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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