P0900037944

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





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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Star Wonder Corpo	pration Services, Inc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: p09	0000037944
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Lorena Ordonez	
(Name of Per	rson)
Star Wonder Corporation Serv	rices, INC
(Name of Firm/C	Company)
3990 West Flagler Street Suit	e 304
(Address)
Miami, Florida 33134	
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
Lorena Ordonez	at (305) 812-7040
(Name of Person)	at (305) 812-7040 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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,	LORENA ORDONEZ	_, hereby resign as	PRESIDENT ((Title)	
of	STAR WONDER CORPORATION SERV. (Name of Corporat				 ,
	(Document Number, if known) LORIDA	resigning officer/director	1 Nez :	ALL MIASSEE, FLOT	12:SEP-5 PM12:10

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