

PD9000056672

(Requestor's Name)

(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:

Office Use Only



300205773153

05/03/11--01047--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -3 PM 12:53

OD/Res
@ 5/9/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DURAVILLA HOMES USA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000056672

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

Please return all correspondence concerning this matter to the following:

CALIXTO ORTA

(Name of Person)

DURAVILLA HOMES USA, INC.

(Name of Firm/Company)

8004 NW 154TH STREET #198

(Address)

MIAMI LAKES, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

CALIXTO ORTA

(Name of Person)

at (305) 828-4390 XT 101

(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

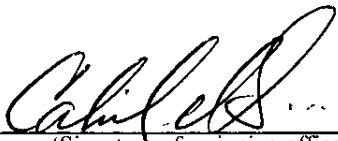
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CALIXTO ORTA, hereby resign as SECRETARY/TREASURER
(Title)

of DURAVILLA HOMES USA, INC.
(Name of Corporation)

P09000056672, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -3 PM 12:53

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