## P0900008/0/2

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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300207016593 05/03/11--01040--016 \*\*35.00

0/1) Resign.
05/10/11

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: BALTODANO EYES OPTICAL USA INC
(Name of Corporation)
DOCUMENT NUMBER: P09000081012
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOSE MORALES
(Name of Person)
BALTODANO EYES OPTICAL USA INC
(Name of Firm/Company)
5851 WEST FLAGLER STREET
(Address)
MIAMI, FL 33144
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSE MORALES at ( 786 ) 222-6153 (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

I,VELEDA LOPEZ	, hereby resign as_	SECRETARY
		(Title)
of BALTODANO EYES OPTICAL	. USA <b>J</b> INC•	
(Name o	of Corporation)	
P09000081012 (Document Number, if known)	_, a corporation organized un	der the laws of the State of
FLORIDA	٠.	

(Signature of signing 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

전 HAY - 3 환체 12: 2분