

PO9 0000 93561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

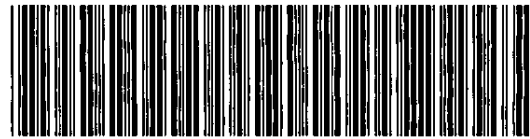
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
13 OCT 28 AM 9:25

8102 1 & 100
T. LEMIEUX
10/28/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SMERALDO, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000093561

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

BARBARA MANIERO

(Name of Person)

(Name of Firm/Company)

1348 WASHINGTON AVE STE 327

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at ((Area Code & Daytime Telephone Number))

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

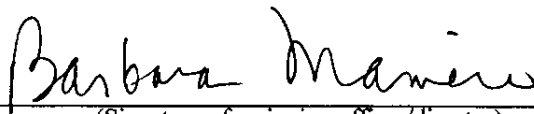
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BARBARA MANIERO, hereby resign as SECRETARY
(Title)

of SMERALDO, INC.
(Name of Corporation)

P09000093561, a corporation organized under the laws of the State of
(Document Number, if known)


(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

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DIVISION OF CORPORATIONS
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