## P10000012804

(Ke	equestor's Name)	
(Ad	ldress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⊋ #</i> )
PICK-UP	WAIT	MAIL
<del></del>	<del></del> .	
75		
, (Bu	siness Entity Nan	nej
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
·		
Special Instructions to	Filing Officer:	
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FILED
2010 JUL -1 AM 9: 19
SECRETARY OF STATE

off. Resign.



JUL - 2 2010

## **COVER LETTER**

(Name of Corporation)	• •
DOCUMENT NUMBER: P10000012804	
The enclosed Officer/Director Resignation for a Corporation and fee	are submitted for filing
Please return all correspondence concerning this matter to the follow	ring:
Lourdes Arredondo	,
(Name of Person)	
Sobe Services LLC	* (3)
(Name of Firm/Company)	
2895-A Collins Ave	
(Address)	2
Miami Beach, FL 33140	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Christian Saravia at (786 ) 499-7 (Name of Person) (Area Code & Dayt	7023
(Name of Person) (Area Code & Dayt	ime Telephone Number)

**Mailing Address:** 

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE, FLORIDA

, hereby resign as President	
(Title)	
rated	
me of Corporation)	
, a corporation organized under the laws of the State of	
× .	
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//// 0	
LKeen _	

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