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(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:				





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COVER LETTER

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Division	n of Corporations		
SUBJECT:	Morar	Ne les of Corp	Vales poration)
DOCUMENT	NUMBER:		
The enclosed O	Officer/Director Resignation	ion for a Corporati	ion and fee are submitted for filing
Please return al	l correspondence concer	ning this matter to	the following:
Dann	Morales (Name of Person)		and the second s
Mora	(Name of Firm/Compa	12les	
1836	Airport Rd. (Address)		_
Naples	FL ZAUZ (City/State and Zip Co	de)	_
For further info	rmation concerning this	matter, please call	:
Danny M	Morales	at (<u>239</u>	776-7644
- 1	(Name of Person)	(Area Co	ode & 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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLANASSEE, T. SALE

I,	Crystian Morales , hereby resign as President (Title)	''U _Z ;
of_	Moravelas of Naples Inc. (Name of Corporation)	
P	(Document Number, if known), a corporation organized under the laws of the State of	
	Florida.	

(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