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SUBJECT: Innomark Corp (Name of Corporation)
DOCUMENT NUMBER: <u>P100000 83903</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adriana Mirage (Name of Person)
Innomark Corp (Name of Firm/Company)
1221 Celebration Aue Suite 103
Celebration FL 34747 (City/State and Zip Code)
For further information concerning this matter, please call:
Adriana Mirage at (407) 9147062 (Name of Person) at (407) 9147062 (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
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

1, <u>Robin</u> M	alatino	_, hereby resign as	Treasurer (Title)	
of Innomar	(Name of Corporat	Dion)		······································
P 10000 8390 (Document Number, if know	3, a corpo	oration organized und	ler the laws of the Sta	ate of
Florida	·			
				<u> </u>
	(Signature of	resigning officer/director		VISING THAY 26
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				- 3

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