

P10000091901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

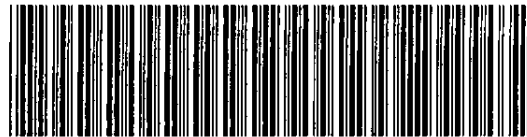
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100204041241

04/25/11--01030--023 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 25 AM 10:51

C. Coulliette
C.COULLIETTE

APR 28 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACRON, CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P10000091901

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

Tiziano Salinas
(Name of Person)

ACRON, Corporation
(Name of Firm/Company)

150 SE 2nd AVE, SUITE 1010
(Address)

MIAMI, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Tiziano Salinas at (305) 244-9693
(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

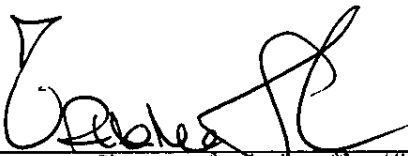
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tiziano Salinas, hereby resign as Director
(Title)

of ACRON, Corporation
(Name of Corporation)

P10000091901, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 25 AM 10:51

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