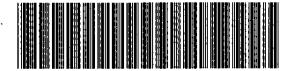
P10000099561

(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



600226981576

04/02/12--01025--008 **35.00

1012 APR -2 PM 4: 25

off. Res.

APR - 4 2012 T. BROWN

COVER LETTER

SUBJECT: WMOOUT USA CORP (Name of Corporation)
DOCUMENT NUMBER: \$\frac{100000996}{}\$
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SUGANA HENRIQUES (Name of Person)
Wimi out USA (Name of Firm/Company)
1521 Alton Rd #520 (Address)
Hami Boath & 33139 (City/State and Zip Code)

For further information concerning this matter, please call:

SUSANA HENRIQUES at (786) 443-84-55 (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

TO:

Amendment Section Division of Corporations OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I. Claudia Elisabete A. de Oliveirehereby resign as Via Presidente (Title)

of Wimerut USA CORP.

(Natine of Corporation)

P100009561

(Document Number, if known)

Florida

Laudia Elisabete A. de Oliveire

Laudia Elisabete A. de Oliveire

Laudia Elisabete A. de Oliveire

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

inie of Planda ouni of <u>Miami Dave</u>
worm to (or affirm) and subscribed before me this 27 day of March 2012 by Claudia Antones Devilveira
eal)
priorially known OR Produced Indentification

