PHUW 2169

(Requestor's Name) (Address) (Address)	400209109374				
(City/State/Zip/Phone #)	· 06/23/1101006015 **35.00				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2811 JUN 23 AM 8: DECRE PARY OF TALLAHASSEE, FLOW				
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COVER LETTER

PO: Amendment Section Division of Corporations
SUBJECT: Super Subject. The. (Name of Corporation)
DOCUMENT NUMBER: P1100002169
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael P. Vazquez (Name of Person)
(Name of Firm/Company)
1387 N.E. 182nd Street (Address)
N.M.B., FL 33162 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael P. Vazquez at (464) 298-2585 (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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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P11000	0002169 Number, if known)	~	on organized un	der the laws of	the State	e of	
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	Mich	(Signature of legi	ening officer/direct	or)	TALLAHASSEE, F	2111 JUN 23 AM	And a first of the second of t
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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