

P11000014534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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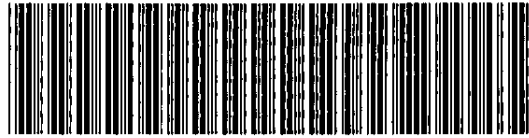
(Business Entity Name)

(Document Number)

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*Mr. [Signature]*

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANGELES DE MARIA ALF, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000014534

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA V CORDOVI

(Name of Person)

ANGELES DE MARIA ALF, INC.

(Name of Firm/Company)

15132 SW 63rd STREET

(Address)

MIAMI, FL 33193

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA V CORDOVI

(Name of Person)

at ( 786 ) 357-6084

(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**

FILED  
11 AUG -1 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, MARIA VICTORIA CORDOVI, hereby resign as PRESIDENT/OFFICER  
(Title)

of ANGELES DE MARIA ALF, INC  
(Name of Corporation)

P11000014534, a corporation organized under the laws of the State of  
(Document Number, if known)

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