P1100044955

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TALLAHASSEE, FLORID,

12 AUG 20 AM ID: LE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	VEROSICA, IMC.	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Canada Managari	
	CARLOS A. MACCHI Name of Person	
	WEALTH PROJECTS Firm/Company	
	FiniteCompany	
	7.0.30x 161976	
	Address	
	Miami, FL 33116-1976 City/State and Zip Code	
	MACCHI'HS & DE ILSOUTH - NET E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
CANOS A.	MACCHI at (30) 967-0471	
Name	MACCHI at 307 967-0471 Area Code & Daytime Telephone Number (305) 252-2045	
Enclosed is a check for	the following amount:	
2525.00 Filing Fee	\$30.00 Filing Fee & Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PATRICIA I TEJEDA	VIDEPRESIDENT , hereby resign as
-	(Title)
VEROSICA, INC.	
	ne of Corporation)
P11000044955 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

67/24/2012 (Signature of resigning officer/director) 12 AUG 20 AH 10: 46

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