

P11000063630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

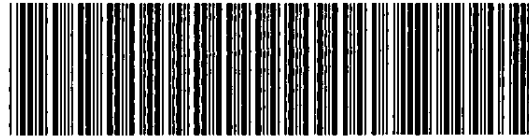
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 AUG -8 PM 1:19

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off. Resign.

TBrown 8-8-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Commercial Workout Assistance, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000063630

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

Please return all correspondence concerning this matter to the following:

Aurice Goyos

(Name of Person)

Commercial Workout Assistance, Inc.

(Name of Firm/Company)

2240 West Woolbright Road Suite 353

(Address)

Boynton Beach, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Goyos

(Name of Person)

at ( 954 ) 778-5141

(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**

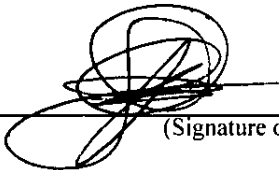
**FILED**  
2011 AUG -8 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Jose Goyos, hereby resign as Manager  
(Title)

of Commercial Workout Assistance, Inc.  
(Name of Corporation)

P11000063630, 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