

P110000086186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

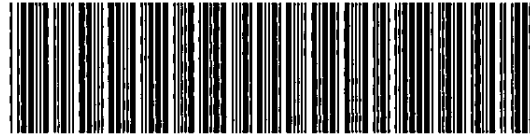
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200239355452

09/17/12--01035--018 **35.00

PAID
BY ONE IATP
DIVISION OF CORP. REGS.
SEP 17 AM 9:53

DD/Kes
1a 9.19.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PUERTO MADERO INTERNATIONAL CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: P11000086186

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

Please return all correspondence concerning this matter to the following:

Inaki Saizarbitoria Esq., P.A.
21 S.W. 15 Road, Suite #200
Miami, FL., 33129

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

INAKI SAIZARBITORIA ESQ at (305) 374-4106
(Name of Person) (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

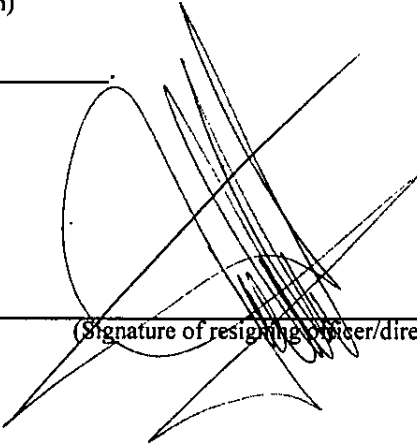
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, IGNACIO MARTIN LEONARDI, hereby resign as DIRECTOR
(Title)

of PUERTO MADERO INTERNATIONAL CORPORATION
(Name of Corporation)

P11000086186, 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

SEP 17 AM 9:53
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314