Plado	DD25567
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	400249475214 ADV mation Mar mation 07/12/1301025023 **35.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED ANASSEE, FLORIDE
Office Use Only	NDR- 15/13

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: El Arca de la Supervivencia, Inc.,

(Name of Corporation)

DOCUMENT NUMBER: P12000025567

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

Please return all correspondence concerning this matter to the following:

Osmar Oliva

(Name of Person)

El Arca de la Supervivencia, Inc.

(Name of Firm/Company)

11830 SW 206 St.,

(Address)

Miami, FL 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

Osmar Oliva (Name of Person) (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 P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

8. or 5. *	OFFIC	CER / DIRECTOR RESIGNAT	TION
ı	OTTR	FOR A CORPORATION	FILED
			2013 JUL 1 2 PM 12: 35
			MEETE FAITY OF STATE
	I, Manuel Guerra	, hereby resign as PI	MELAHASSEE, ELORIDA TESIGENTE
	· · · · · · · · ·		(Title)
·	_{of} El Arca de la Sι	pervivencia, Inc.	
	01	(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
	P12000025567	, a corporation organized under	the laws of the State of
	(Document Number, if known)	
	Florida		
	Ţ	(Signated of resigning officer/director)	- Omora
			ILIANA TORRES-MORA Notary Public - State of Florida My Comm. Expires Jul 10, 2015 Commission # EE 110884
		FILING FEE IS \$35.00	

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

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