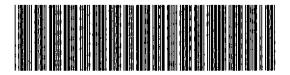
P1200000 45562

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	
PICK-UP	☐ WAIT	MAIL.
(Bu	rsiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Off Du Resign

MAR 2 8 2013

T. CAULEY

TRANSMITTAL LETTER

SUBJECT: PAGUST FLORIDA CORP. (Name of Corporation)
DOCUMENT NUMBER: 7 120000 45562
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Amadeo Mazzolini (Name of Person)
(Name of Firm/Company)
2069 NE 163 ST. (Address)
HORTH MINMI BEACH FL 33162 (City/State and Zip Code)
For further information concerning this matter, please call:
To yes BNOPHY at (305) 945 36 86 (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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

SECRUTARY OF STATE TALLS TO STATE ORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

13 HAR 26 PH 4: 15

I, PABLO G. MHMONE	, hereby resign as_	PRESIDENT (Title)
·		(Tille)
of PAGUST FLORIDA		
(Name of C	Corporation)	
P120000 45562 (Document Number, if known)	a corporation organized und	der the laws of the State of
FLORIDA.		

(Signature of resigning officer/director)

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

FILING FEE IS \$35.00

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