

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
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(Business Entity Name)			
(Document Number)			
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R. White

TRANSMITTAL LETTER

TO:

Amendment Section
Division of Corporations

SUBJECT. EXCELLENTS OPTIONS INC

(Name of Corporation)

DOCUMENT NUMBER: P12000046093

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

Please return all correspondence concerning this matter to the following:

VIRGINIA OROZCO

(Name of Person)

VIRGINIA OROZCO

(Name of Firm/Company)

13768 SW 149 CIR LN UNIT 1

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

VIRGINIA OROZCO

..,305 \321 - 6187

(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, ROMULO R OR	OZCO, hereby resign as	Vice President (Title)	
of EXCELLENTS C			,
P12000046093 (Document Number, if known)	ne of Corporation), a corporation organized ur	nder the laws of the State of	
FLORIDA	·		
10	lhoner	SECRE TALLAH	15 DEC
	(Signature of resigning officer/direct	NSSEE I	5 F
		-LORID	1 5: 42

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