## P12000057885

(Re	equestor's Name)	
	,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	e)
•	•	,
(Do	ocument Number)	
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Certified Copies	Certificates	of Status
	_	<del></del>
Special Instructions to	Filing Officer:	
		·

Office Use Only



400241043134

resignation of officer

10/26/12--01017--003 \*\*35.00



10/30/12

## TRANSMITTAL LETTER

SUBJECT: ESPARGENTA CORP.	
SUBJECT: (Name of Corpora	ation)
DOCUMENT NUMBER: P12000057885	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing
Please return all correspondence concerning this matter to th	e following:
HECTOR OMAR RIVA	
(Name of Person)	
ESPARGENTA CORP.	
(Name of Firm/Company)	
1913 NW 79 AVE.	
(Address)	
MIAMI - FL - 33126	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
EUGENIO CRESPO at 786	306-9568
(Name of Person) (Area Code	& Daytime Telephone Number)

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 2012 OCT 26 PM 1: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, JAVIER GUTIERREZ-(	GOMEZ, hereby resign as DIRECTOR	
	(Title)	
ESPARGENTA CO		
(Name	e of Corporation)	
P12000057885	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

FILING FEE IS \$35.00

ignature of resigning officer/director)

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

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