P12000284133

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #) ·
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: CAIMAN POWER COM, INC. (Name of Corporation) DOCUMENT NUMBER: P12000084133
DOCUMENT NUMBER: + 12000084133
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mame of Person) (Name of Person)
CAMANFOWER. COM, Inc (Name of Firm/Company)
J161 NW 79th AV #9 (Address)
DOZAL FC. 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
Gustavo Medina at 786 346-6900 (Area Code & Daytime Telephone Number)

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

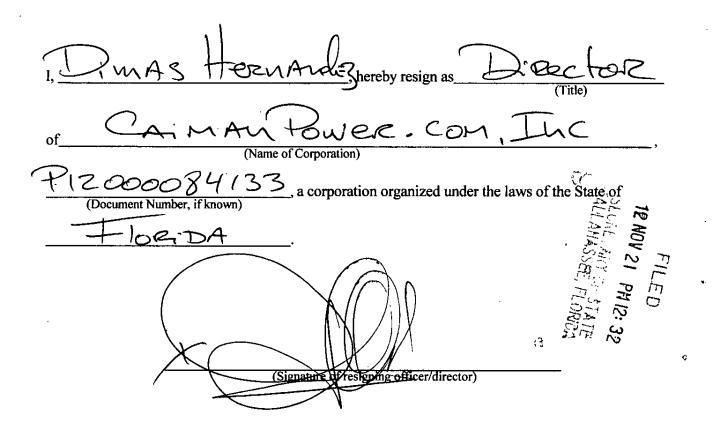
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



FILING FEE IS \$35.00

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

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