P12000093703

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



500244231425

02/12/13--01015--010 **35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

Off. Res.

FEB 1 4 2013 T. BROWN

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Vi aud - Oris Corporation (Name of Corporation) DOCUMENT NUMBER: 12000 93703
DOCUMENT NUMBER: 12000 93703
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ruth ORW (Name of Person)
(Name of Firm/Company) (Name of Firm/Company)
434921ST AVE SW
Naples, f. 34116 (City/State and Zip Code)
For further information concerning this matter, please call:
Ruth Onis at (239) 692-7058
(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
409 E. Gaines Street
Tallahassee, FL 32399

OIVISION OF CORPORATIONS

13 FEB 12 PM 2: 55

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ruth Oris, hereby resign as Officer Direct	40
of Viaud Oris Corporation' (Namo of Corporation)	_,
(Document Number, if known), a corporation organized under the laws of the State of	
<u>florida</u>	
Ruth Oris	
(Signature of resigning officer/director)	

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