13000030366

(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:				
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Office Use Only



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VALIDATION ONLY

Investments

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Requestor's Name	Bric	411	Ave
Man	1, FC	33	?)3]
City	Étate	ZIP	Phone

CORPORATION(S) NAME

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		1		
- () Profit			
() NonProfit	() Amendment	() Merger
-{) Foreign	() Dissolution	() Mark
() Limited Partnership	() Annual Report	Worker Resignation.
() Reinstatement	() Reservation	() Change of Registered Agent
() Certified Copy	() Photo Copies	() Certificate Under Seal
() Call When Ready	() Cail if Problem	() After 4:30
{) Walk in	() Will Walt	() Pick Up	() Mall Out

() Walk in () Will wa

CR2E031 (R8-85)

Examplife Toll Free: 1-800-432-3028

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: STEMAN INVESTMENTS CORP.
(Name of Corporation) DOCUMENT NUMBER: P13000030366
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ALVARO CASTILLO
(Name of Person)
CASTILLO & ASSOCIATES
(Name of Firm/Company)
1390 BRICKELL AVENUE, SUITE 200
(Address)
MIAMI, FL 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
ALVARO CASTILLO at (305)371-5540 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

TO:

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



, RANIERO L. NASALL	I ROCCA, hereby resign as DIRECTOR	
	(Title)	
of STEMAN INVEST		
(N	ame of Corporation)	
P13000030366	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

(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