P130000 33273

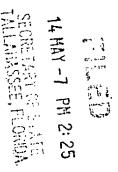
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL .		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



300259794253

05/07/14--01009--010 **192.50



MAY 1 9 2014 C. CARROTHERS

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: DM/ANO SA INC (Name of Corporation)
DOCUMENT NUMBER: P 130000 33273
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
WOODY MCLANS
WOODY MCLANE (Name of Person) Flukida MASSAGE BROKER (Name of Firm/Company)
4915 NW 53 St. (Address)
TAMARAC, FL 33319 (City/State and Zip Code)
For further information concerning this matter, please call:
WOUDY MCLANE at (954) 80-6211 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, XIADPING CAEN	_, hereby resign as	PRESIDENT
of DMAND Spi	4, INC.	(Title)
(Document Number, ifknown) a corpo	oration organized under	the laws of the State of
FLORIDA.		
Xlew Ind	4 Cher Nesigning 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 14 HAY -7 PH 2: 25