(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	cument Number)	
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TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: Kailo & ASSOCIATES INC. (Name of Corporation)				
DOCUMENT NUMBER: PK 00000 825				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Roxana Kaiser (Name of Person)				
(Name of Firm/Company)				
4207 5 Dale Mabry Hwy, #8303 (Address)				
Tampa, FL 33611 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Rokana Kaiser at (813) 438-0667 (Name of Person) at (813) 438-0667 (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

TO: Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Anthony LoCasero	, hereby resign as	CBO (Title)	
of Kailo & Associa	Hes, Inc.		,
P (Document Number, if known)	, a corporation organized under	the laws of the State of	
Florida			
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(Si	hattire of resigning officer/director)	The second secon	FIL MAR -7
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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