## PIS000077754

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUB	VIAC & CO. INC.	(Name of Corpo	oration)
DOC	CUMENT NUMBER: P150	000077754	
The	enclosed Officer/Director Res	signation for a Corporation	on and fee are submitted for filing.
Pleas	se return all correspondence c	oncerning this matter to	the following:
PET	ER SAVINEAU		
	(Name of Pe	rson)	_
MCI	R PARTNERS, INC.		
	(Name of Firm/C	Company)	<del></del>
205	33 BISCAYNE BLVD (1301	1)	
	(Address	;)	_
MIA	MI, FL 33180		
	(City/State and 2	Zip Code)	_
For f	urther information concerning	g this matter, please call:	
PET	ER SAVINEAU	305	725-7405
	(Name of Person)	(Area Co	) de & Daytime Telephone Number)
Encl	osed is a check for \$35.00 ma	de payable to the Florida	a Department of State.
Ame Divis P.O.	ing Address: ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporati 2661 Executive Cente Tallahassee, FL 3230	er Circle

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

QUENTIN VIAC	DIRECTOR/PRESIDENT
Ι,	DIRECTOR/PRESIDENT, hereby resign as (Title)
VIAC & CO. INC.	,
(Name o	f Corporation)
P15000077754	
	_ a corporation organized under the laws of the State of
(Document Number, if known) FLORIDA	- <del>-</del>
(Si <sub>i</sub>	gnature of resigning officer/director)  ROPE STATE STA

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