(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	· -
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only





68/18/03--01048--018 **35.00





OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ALESSANDRA	ARNABOLDI	hereby resign a	S PRESIDENT	(Title)
of	UNITED &	ASSOCIATED (Nam	INC ne of Corporation)		
	(Document Nu	mber, if known)	, a corporation organized u	ınder the laws of t	he State of
	,	Dio	Signature of resigning officer/dire	ector)	_

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