

P94000012327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

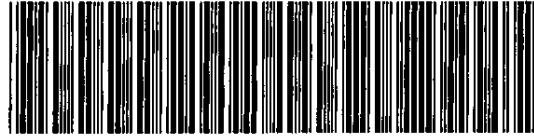
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500079936575

09/22/06--01016--007 **35.00

FILED

06 SEP 22 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARDIT CORP
(Name of Corporation)

DOCUMENT NUMBER: P94000012327

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMANDO MAZON
(Name of Person)

CARDIT CORP
(Name of Firm/Company)

5455 SW 8 ST SUITE # 225
(Address)

MIAMI FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

ARMANDO MAZON at (305) 443-9735
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

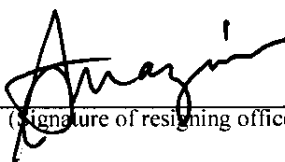
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ARMANDO MAZON, hereby resign as VICE PRESIDENT
(Title)

of CARDIT Corp
(Name of Corporation)

P94000012327, 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