## P9500080578

| (Reques                        | tor's Name)    |              |
|--------------------------------|----------------|--------------|
| (Addres                        | 5)             |              |
| (Addres:                       | s)             |              |
| (City/Sta                      | te/Zip/Phone # | <del>)</del> |
| PICK-UP                        | WAIT           | MAIL         |
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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Presduto Inc.  |  |
|---|--|
| (Name of Corporation)   |  |
|   |  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |  |
| Please return all correspondence concerning this matter to the following:                     |  |
| Paula Sperduto<br>(Name of Person)  |  |
| Presduto Inc. (Name of Firm/Company)  |  |
| 18840 CASPian Circle  |  |
| Boca Katon FL 33496<br>(City/State and Zip Code)  |  |
| For further information concerning this matter, please call:                                  |  |
| Paula Sperduto at (Stal ) 451-4100<br>(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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

e - . . ~ ~ <del>></del> **>** 

| I, Patrick Presto, hereby resign as_                                      | President<br>(Title)        |
|---|-----------------------------|
| of Presdute, Inc. (Name of Corporation)                                   | -<br>-<br>-<br>-<br>3.      |
| P9500080578 a corporation organized under the (Document Number, if known) | he laws of the State of     |
| Florida.  | TAKE OF THE                 |
| (Signature of resigning officer/director)                                 | PR 16 M 9: 0 RETARY OF STAT |

## 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