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(Business Entity Name)		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: 834 OCEAN DRIVE INC.
(Name of Corporation)
DOCUMENT NUMBER: P96000059876
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filir
Please return all correspondence concerning this matter to the following:
PIERO SALUSSOLIA
(Name of Person)
PIERO SALUSSOLIA CORPORATE MANAGEMEN
(Name of Firm/Company)
1548 BRICKELL AVENUE 2ND FLOOR
(Address)
MIAMI, FLORIDA 33139
(City/State and Zip Code)
For further information concerning this matter, please call:
ADRIANA MARQUEZ 305 373-7016
ADRIANA MARQUEZ at (305) 373-7016 (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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

KATIA GASPERINA-MONTIN	N , hereby resign as	ASSISTANT SECRETARY
•,	,	(Title)
of 834 OCEAN DRIVE INC.		
~ · · · · · · · · · · · · · · · · · · ·	of Corporation)	
P96000059876	, a corporation organized un	ider the laws of the State of
(Document Number, if known)	, a corporation organized an	idel tile laws of the state of
FLORIDA	•	
	-	

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