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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------------------------------------|---|
| SUBJE | ECT: Dixie Grove Investment, Corp. |
| 50.501 | (Name of Corporation) |
| DOCU | MENT NUMBER: P96000061700 |
| The en | closed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please | return all correspondence concerning this matter to the following: |
| Rafae | el Fabian |
| | (Name of Person) |
| Rafae | el Fabian, P.A. |
| | (Name of Firm/Company) |
| 2630 | SW 28th Street, Suite 61 |
| | (Address) |
| Miam | ni, FL 33133 |
| | (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| Rafae | (Name of Person) at (305) 856-6700 (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclose | ed is a check for \$35.00 made payable to the Florida Department of State. |
| Amend Divisio Clifton 2661 E | Address: Iment Section In of Corporations Building Executive Center Circle In Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Carlos R. Rua | , hereby resign as | Director | + PRESIDENT |
|--|---------------------------------------|---------------|---------------------------------------|
| | | | (Title) |
| of_Dixie Grove Investment, Corp. | | | |
| (Name | of Corporation) | | |
| P96000061700 (Document Number, if known) | _, a corporation organized ur | nder the laws | s of the State of |
| Florida | | | |
| V | Signiture of resigning officer/direct | tor) | 99 JUL 10 AM 9: 48 SEGRETARY OF STATI |

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314