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MARTINEZ POSE

R C H I T E C T S

4131 LAGUNA CORAL GABLES FL 33146

City/State/Zip Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NonProfit	Resignation of R.A.		
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97 JUN -5 PH 1: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA COUNTY OF DADE

I, Manuel V. Pose, after being duly sworn, state that to the best of my
knowledge, information and belief, and under the penalties of perjury, the following is
true and correct:

I, <u>Manuel V. Pose</u>, hereby resign as <u>Director</u> of <u>Flanan Florida</u>, <u>Inc.</u>, a Florida corporation;

That the corporation has been notified in writing of the resignation.

Manuel V. Pose, Director

	Manda 7.1 000, 5.100ta	
Sworn to and Subscr	ibed before me this 3RD day of June	_•
	Netery Public, State of Flori	, da,
My Commission Expires:	Roberto M Martinez at Large. My Commission CC625350 Expres March 27, 2001	
Persona	ally known or produced identification	
Type of identification produc	ced	