

P99000023561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

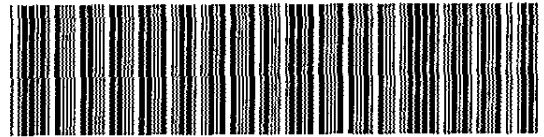
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TAMPA, FLORIDA

O/D Resign.

Y/M

7/29/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DELTA ARREDO, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000023561

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

Please return all correspondence concerning this matter to the following:

ROBERTO BRUSCOLI  
(Name of Person)

DELTA ARREDO INC  
(Name of Firm/Company)

3333 NW 116 STREET  
(Address)

MIAMI, FL 33167  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX PETRUZZELLI at ( 305 ) 685 4575  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399


OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, ROBERTO BRUSCOLI, hereby resign as DIRECTOR  
(Title)

of DELMA ARREDO, INC.  
(Name of Corporation)

P99000023561 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA