99000031039

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Ru	siness Entity Nam	<u> </u>
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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off. Resign.
TBrown 7-25-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DURABLE WOOD PRODUCTS USA, INC
(Name of Corporation)
DOCUMENT NUMBER: P99000031039
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CALIXTO ORTA
(Name of Person)
DURABLE WOOD PRODUCTS USA, INC
(Name of Firm/Company)
8004 NW 154 STREET #198
(Address)
MIAMI LAKES, FL 33016
(City/State and Zip Code)
For further information concerning this matter, please call:
CALIXTO ORTA at (305) 828-4390 XT 101 (Name of Person) (Area Code & Daytime Telephone Number)
(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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. CALIXTO ORTA	, hereby resign as	SECRETARY/TREASURER
		(Title)
of DURABLE WOOD PROD	UCTS USA, INC.	
	Name of Corporation)	7
P99000031039 (Document Number, if known)	, a corporation organized un	der the laws of the State of
FLORIDA		
	blisted	TO PROTECTION OF THE PROTECTIO
	(Signature of resigning officer/direc	ior)

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