

P99000073832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

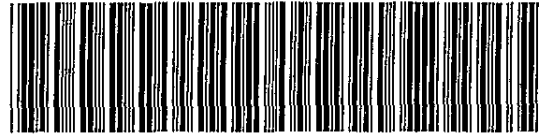
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOVO CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000073832

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

OSVALDO GAYON  
(Name of Person)

LOVO CORPORATION  
(Name of Firm/Company)

9550 S.W. 36TH STREET, APT. #2  
(Address)

MIAMI, FLORIDA 33165  
(City/State and Zip Code)

For further information concerning this matter, please call:

OSVALDO GAYON at ( 305 ) 225-4977  
(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

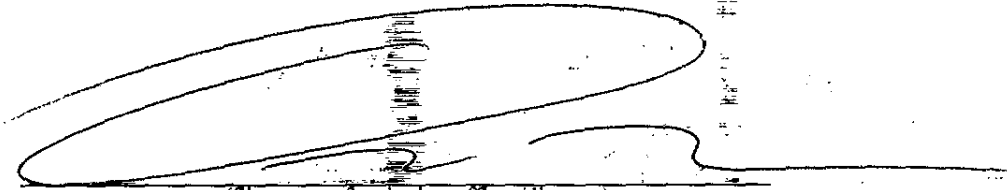
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, OSVALDO GAYON, hereby resign as PRESIDENT  
(Title)

of LOVO CORPORATION  
(Name of Corporation)

P99000073832, 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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