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(Re	equestor's Name)	
(Ac	ddress)	
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, (Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

Amendment Section Division of Corporations

TO:

DEDNARDO I	ENTERPRICE INC
SUBJECT: BERNARDO	(Name of Corporation)
. DOCUMENT NUMBER:_	• •
	r Resignation for a Corporation and fee are submitted for filing
Please return all corresponde	nce concerning this matter to the following:
LUIZ C BERNARDO	
(Name	of Person)
BERNARDO ENTERPRI	SE INC
(Name of F	irm/Company)
PO BOX 61609	
(Ac	ldress)
FORT MYERS FL 33906	
(City/State	and Zip Code)
For further information conce	erning this matter, please call:
LUIZ C BERNARDO	at (239) 810.6353
(Name of Pers	at (239) 810.6353 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ELENILTON COSTA	, hereby resign as VPD (Title)
of_ BERNARDO ENTERPRISE, IN	C
P9900104451	, a corporation organized under the laws of the State of
FLORIDA	
E Staffa	grature of resigning officer/director) 2010 HAR 29 AN 9: 17

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