P10000053159

(Requestor's Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Out to 10 and to		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
operational details to 7 ming officer.		

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M/Dir Regio



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: E & A FLORIDA DIS	(Name of Corporation)
DOCUMENT NUMBER: P100	00053159
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing.
Please return all correspondence cor	acerning this matter to the following:
ALEXANDER PERALTA	
(Name of Perso	on)
E & A FLORIDA DISTRIBUTORS	S CORP
(Name of Firm/Con	mpany)
12677 NW 14TH PL	
(Address)	
SUNRISE, FL 33323	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
ALEXANDER PERALTA	at (954) 817-4519 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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, ROSA RODRIGUEZ	, hereby resign as SECRETARY
	(Title)
of E & A FLORIDA DISTRIBUTO	DRS INC e of Corporation)
P1000053159 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	THE THE PARTY OF T
Roder Ro	Aux
	(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