

V65439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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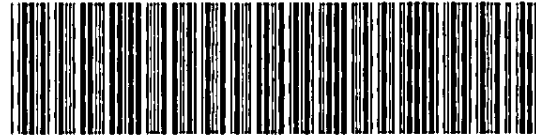
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fabre Design Group Inc
(Name of Corporation)

DOCUMENT NUMBER: V65439

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

Miriam Kross
(Name of Person)

Fabre Design Group Inc
(Name of Firm/Company)

118 Mockingbird Road
(Address)

Tavernier, FL 33070
(City/State and Zip Code)

For further information concerning this matter, please call:

Miriam Kross at (305) 586-0174
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

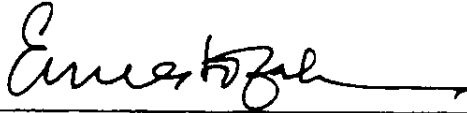
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ernesto Fabre, hereby resign as President (Title)

of Fabre Design Group Inc. (Name of Corporation)

V65439, 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

9 PM 3:29
FEB 11 2011

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314