L03252

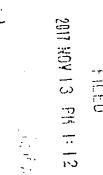
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT:14538 CORPORATION
	(Name of Corporation)
DOC	UMENT NUMBER: L03252
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
St	ephen A. Blass
	(Name of Person)
St	ephen Blass P.A.
	(Name of Firm/Company)
10	00 SE 2nd Street
	(Address)
M	liami, FL 33131
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
St	ephen Blass (Name of Person) at (305) 377-9353 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Divis P.O. I	ing Address: Indiment Section Ident Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

STEPHEN A. BLASS	Director / President/ Secretary, hereby resign as(Title)
	(Title)
14538 CORPORATION	
· (Name	of Corporation)
(Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	<u>_</u> .
	,
	= = M Z
	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

2017 NOV 13 PM 1:12