

M46589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

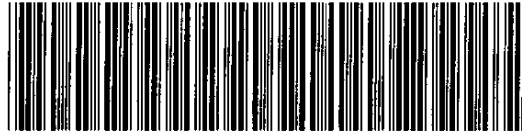
(Business Entity Name)

(Document Number)

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APPROVED
AND
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07 NOV 13 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign

C. Couture NOV 19 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Riera/Escandon, Inc.
(Name of Corporation)

DOCUMENT NUMBER: M46589

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raphael Riera

(Name of Person)

Riera /Escandon, Inc.

(Name of Firm/Company)

15157 SW 95 St

(Address)

Miami, Florida 33196

(City/State and Zip Code)

For further information concerning this matter, please call:

Raphael Riera

(Name of Person)

at (786) 218-6538

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 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, Raphael Riera, hereby resign as President
(Title)

of Riera/Escandon, Inc.
(Name of Corporation)

M46589, 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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