N19000002423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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# TRANSMITTAL LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** IMMIGRATION ALLY CORP
(Name of Corporation)

**DOCUMENT NUMBER:** N19000002423

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

Please return all correspondence concerning this matter to the following:

KEVIN MOLINA
(Name of Person)

(Name of Firm/Company)

8177 W 36 AVE #2
(Address)

HIALEAH, FL 33018
(City/State and Zip Code)

For further information concerning this matter, please call:

PIEDAD ECHEVERRI at (305) 200-9565
(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
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

# OFFICER / DIRECTOR RESIGNATION
# FOR A CORPORATION

I, KEVIN MOLINA, hereby resign as TREASURER
(Title)

of IMMIGRATION ALLY CORP
(Name of Corporation)

N19000002423, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

FILED
2019 MAY -6 P 12:55
TALLAHASSEE, FLORIDA

**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