## N1900000 2423

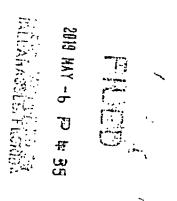
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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## TRANSMITTAL LETTER

TO: Amer Divis	ndment Section sion of Corporations	•
SUBJECT:	JMM IGRATIO	ON ALLY CORP (Name of Corporation)
DOCUMEN	NT NUMBER: N 1	19000002423
The enclosed	d Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return	all correspondence conc	cerning this matter to the following:
	VEVIN MOL (Name of Person	1NA
	(Name of Firm/Com	npany)
8177	W 30 AVE #2 (Address)	2
HIAL	EAH, FL 3301 (City/State and Zip)	Code)
For further in	nformation concerning th	his matter, please call:
PIEDAD	(Name of Person)	at (305) 200 - 9565 (Area Code & Daytime Telephone Number)
Enclosed is	a check for \$35.00 made	payable to the Florida Department of State.
Mailing Add Amendment Division of O P.O. Box 63: Tallahassee,	Corporations 27	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. KEUIN MOLINA , hereby resign as TREASURER (Title)
of IMMIGRATION ALLY CORP (Name of Corporation)
N1900002423 , 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