P03000038/63

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

Office Use Only



300296043593

03/13/17--01023--029 **70.00

SECRETARY OF STATE DIVISION OF CORPORATION: 15

V HERRING MAR 1 6 2017

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

DILLANS CORPORATION SUBJECT:		
DOCUMENT NUMBER: P030000381	(Name of Corp 63	oration)
The enclosed Officer/Director Resignation	n for a Corporati	on and fee are submitted for filing
Please return all correspondence concerni	_	
ANDRES LUCERO		
(Name of Person)	<u> </u>	_
(Name of Firm/Company	_/)	<u> </u>
4955 INTERNATIONAL DR 1C04		
(Address)		_
ORLANDO FL, 32819		
(City/State and Zip Code)	_
For further information concerning this m	natter, please call	l:
ANDRES LUCERO	407	346-6960) ode & Daytime Telephone Number)
(Name of Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Floric	la Department of State.
Amendment Section Am Division of Corporations Div P.O. Box 6327 266	eet Address: endment Section ision of Corpora 1 Executive Cen lahassee, FL 323	tions ter Circle

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATION

2017 MAR 13 AM 11: 15

P	
, hereby resign as	
(Title)	
of Corporation)	
_, a corporation organized under the laws of the State of	
ignature 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