P03000038/63

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



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| DILLANS CORPORA SUBJECT: | TION | |
|---|--|---|
| | (Name of Corpo | ration) |
| DOCUMENT NUMBER: P03000 | 038163 | |
| The enclosed Officer/Director Resig | nation for a Corporation | on and fee are submitted for filing. |
| Please return all correspondence con | ncerning this matter to t | the following: |
| ANDRES LUCERO | | |
| (Name of Perso | on) | _ |
| | | |
| (Name of Firm/Con | mpany) | <u> </u> |
| 4955 INTERNATIONAL DR 1C0 | 4 | |
| (Address) | | _ |
| ORLANDO FL, 32819 | | |
| (City/State and Zip | Code) | _ |
| For further information concerning t | this matter, please call: | |
| ANDRES LUCERO | 407 | 346-6960 |
| (Name of Person) | at (at (| 346-6960) de & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made | e payable to the Florida | a Department of State. |
| | | • |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporati 2661 Executive Center | er Circle |
| Tallahassee, FL 32314 | Tallahassee, FL 3230 |)] |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FICED SECRETARY OF STATE DIVISION OF CORPORATIONS

2017 MAR 13 AM 11: 19

| VP | | |
|--|--|--|
| hereby resign as | | |
| (Title) | | |
| | | |
| e of Corporation) | | |
| , a corporation organized under the laws of the State of | | |
| | | |
| (Signature of esigning 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