POS000158147

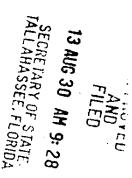
(Re	questor's Name)		
(Add	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
	•		

Office Use Only



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08/30/13--01005--004 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		:						
Kendall Comprehensive Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P05000158147 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.								
					Please return all correspondence cor	ncerning this matter to	the following:	
					Ricardo Mendez		•	
(Name of Pors	on)							
Kendall Comprehensive Inc								
(Name of Firm/Co	mpany)							
9010 SW 137th Ave Suite 112								
(Address)		- -						
Miami, FL 33186								
(City/State and Zip	Code)	_						
For further information concerning to	this matter, please call:	: · .						
Ricardo Mendez	305	386-4022						
(Name of Person)	at (at () ode & Daytime Telephone No	ımber)					
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 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporati 2661 Executive Center Tallahassee, FL 3236	er Circle						

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Juan Eduardo Gonzalez Miranda	Vice President	
I,	, hereby resign as (Title)	
	(Title)	
Kendall Comprehensive Inc	·	
	of Corporation)	
P05000158147	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		

FILING FEE IS \$35.00

(Signature of regigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314