

(Re	questor's Name)	
(,,,	questo, e mamo,	
(Ād	ldress)	
<b>V</b>	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(50	Siness Entity Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
İ		

Office Use Only



500308529535

02/01/18--01010--004 \*\*35.00

S TALLENT FEB 0 2 2018 FILEU
18 FEB -1 PH 2: 30

## TRANSMITTAL LETTER

SUBJECT: YJ Hore Inspection (Name of Corporation)
DOCUMENT NUMBER: P0900038245
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Sharnick Lais (Name of Person)
(Name of Firm/Company)
49 N. Fodoral thay #373 (Address)
Romizino Breach JL 33Clo2 (City/State and Zip Code)
For further information concerning this matter, please call:
Sharnyck hours at (957) 451-4242 (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

**TO:** Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I	Sharnyck	hairs	, hereby resign as_	<b>YP</b>	Title)	
of	Y J Ibra	Name of Corpora	nation)			-·
_£	OGCO 38.	<u>Э45</u> , а согр	oration organized un	der the laws of th	e State of	
	Florida					
		Signature (	f resigning officer/direc	tor)		
		(o.B <b>,</b>		,	18 FEB	-:7
						LEC
		FILING	FEE IS \$35.00			, <u> </u>

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

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