

P12000027198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

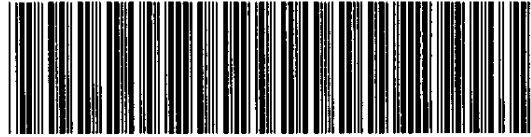
(Business Entity Name)

(Document Number)

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TO: Amendment Section  
Division of Corporations

SUBJECT: NO Punch Corp  
(Name of Corporation)

DOCUMENT NUMBER: P12000027198

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terri Lynn Souza  
(Name of Person)

no Punch Corp  
(Name of Firm/Company)

9190 NW 26<sup>th</sup> pl  
(Address)

Sunrise FL 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

Terri Lynn Souza at (954) 2038151  
(Name of Person) (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

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Terri Lynn Souza, hereby resign as President  
(Title)

of NO Punch Corp  
(Name of Corporation)

P12000027198, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Terri Lynn Souza  
(Signature of resigning officer/director)

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**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