

P14000034911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

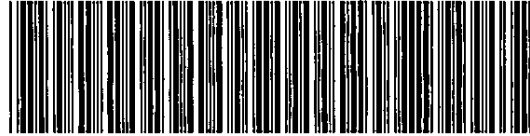
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2016 MAY 31 AM 11:19

JUN - 2 2016

C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI NEVER SLEEPS INC
(Name of Corporation)

DOCUMENT NUMBER: P14000034911

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

Please return all correspondence concerning this matter to the following:

EDUARDO PINO

(Name of Person)

MIAMI NEVER SLEEPS INC

(Name of Firm/Company)

480 W PARK DR APT 201

(Address)

MIAMI, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO PINO at (786) 370-6436
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

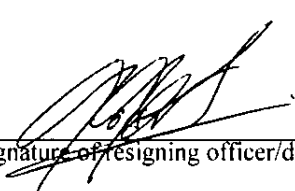
2016 MAY 31 AM 11:19

I, GOAR GONZALEZ CARVAJAL, hereby resign as VICEPRESIDENT
(Title)

of MIAMI NEVER SLEEPS INC
(Name of Corporation)

P14000034911, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature 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