## P1400056674

· (Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)	
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: ALLOU INC

(Name of Corporation)

DOCUMENT NUMBER: P14000056674

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

Please return all correspondence concerning this matter to the following:

SABRINA SANCHEZ

(Name of Person)

MY TAX LADY MIAMI LLC

(Name of Firm/Company)

7712 SW 94TH TERRACE

(Address)

**MIAMI FL 33156** 

(City/State and Zip Code)

For further information concerning this matter, please call:

SABRINA SANCHEZ

<sub>31</sub>,786 \999-4332

(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

, SABRINA SANCH	, Hereby resign as
	(Title)
of ALLOU INC	
(Nam	e of Corporation)
P14000056674 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	<del></del>

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

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

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