

PI 50000 60399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

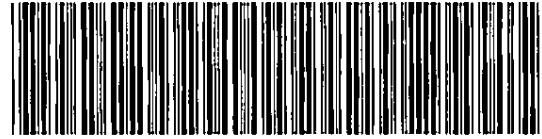
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800318691108

10/01/18 0024 012 **35.00

Old Pgs.

R. WHITE

OCT 08 2018

FILED
2018 OCT -1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSHINE MAIDS PRO INC
(Name of Corporation)

DOCUMENT NUMBER: P15000066399

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

Please return all correspondence concerning this matter to the following:

DARSY PORTILLO

(Name of Person)

(Name of Firm/Company)

4524 26TH ST W APT E

(Address)

BRADENTON, FL 34207

(City/State and Zip Code)

For further information concerning this matter, please call:

DARSY PORTILLO at (703) 946-1703

(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

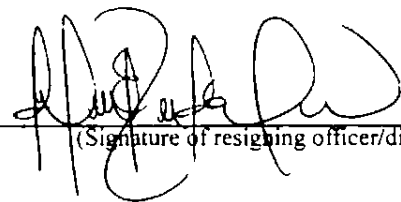
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DARSY PORTILLO, hereby resign as PRESIDENT
(Title)

of SUNSHINE MAIDS POR INC
(Name of Corporation)

P15000066399, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT -1 AM 11:21

FILED

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