PIL 0000 79418

(Requi	estor's Name)	
(Address)		
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
<u> </u>		

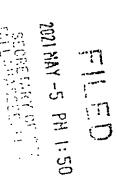
Office Use Only



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Ou/04/2021 JH



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
Tache, Bronis, Christianson, & De		
N. (200070)	(Name of Corporation)	
DOCUMENT NUMBER: P16000079418		
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing	
Please return all correspondence concerni	ing this matter to the following:	
Marissel Descalzo		
(Name of Person)		
Tache, Bronis, Christianson, & Descalzo, P.A.		
(Name of Firm/Company	<u>v) </u>	
150 S.E. 2 Avenue, Suite 600		
(Address)		
Miami, Florida 33131		
(City/State and Zip Code	2)	
For further information concerning this m	natter, please call:	
Marissel Descalzo	at (305 537-9572 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Jennifer Christianson I.	bushy ration as	Director and Treasurer, hereby resign as(Title)	
	Hereby resign as_	(Title)	
Tache, Bronis, Christianson, & D	Descalzo, P.A.		
·	(Name of Corporation)		
P16000079418 (Document Number, if know	, a corporation organized und	der the laws of the State of	
florida			
	(Signature of resigning officer/direct	(or) , , , ,	

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