## P 9500056564

(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:	
\$35.00	
Office Use Only	



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MResign



## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

<sub>รบธյยดา:</sub> Novo Distributตุ๊rs, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: P95000056564		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Please return all correspondence concerning this matter to the following:		
Jorge Olcina Ponce		
(Name of Person)		
Novo Distributors, Inc.		
(Name of Firm/Company)		
8426 NW 70 Street		
(Address)		
Miami, Florida 33166		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Jorge Olcina Ponce at (786) 370-3094 (Area Code & Daytime Telephone Number)		
(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: Street Address: Amendment Section Amendment Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		

## OFFICËR / DIRECTOR RESIGNATION FOR A CORPORATION

լ Ana M. Ralis-No∜	O, hereby resign as Secretary/Treasurer
Novo Distributors	(Title)
	ame of Corporation)
P95000056564	, a corporation organized under the laws of the State of
(Document Number, if known)	a corporation organized under the laws of the state of
Florida	
	17 SE
	Shulfalls- Uno FI
	(Signature of resigning officer/director)
_	
	P <sup>™</sup> →

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