P99000024036

(Rec	questor's Name)	<u> </u>
(Add	dress)	P
(Add	dress)	
(Cit)	//State/Zip/Phone	⊇ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
·	•	•
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		1





900029159339

02/23/04--01046--004 **35.00

O4 FEB 23 PN 3 29
SECRETARY ENF STATE
TAFLANIASSEE FLORING

of of

TRANSMITTAL LETTER

SUBJECT: CAN DECO CERPOR ATTON (Name of Corporation)
(waine of Corporation)
DOCUMENT NUMBER: <u>P 990000 24036</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ANGEL L. VALLE
(Name of Person)
BOTANICA CANDELO (Name of Firm/Company)
(Name of Firm/Company)
7657 PINES BLVD. (Address)
PEMBROKE PINES, FL. 33024 (City/State and Zip Code)
For further information concerning this matter, please call:
ANGEL L. VAUE at (954) 290 - 1473 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ANGER L	VALLE	, hereby resign a	s PRESIDE	VT (SOCE	<u>)</u>
of CANDELL	O CORPORA (Name of Corp	oration)			•
7990000 24034 (Document Number, in	ż, a co	rporation organized t	under the laws of	the State of	±•• ·
FLORIDA	·		•	O4 F	7
		0 1/2	. 0	RETARY C	F
		L Val		PR 3 28	Ö

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