

PO4000071294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

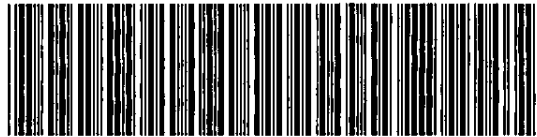
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SURIPARTS CORP

(Name of Corporation)

DOCUMENT NUMBER: 20-1147054

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

Please return all correspondence concerning this matter to the following:

RAFAEL FALCON

(Name of Person)

SURIPARTS

(Name of Firm/Company)

11463 NW 34 STREET

(Address)

DORAL / FLORIDA / 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL FALCON

(Name of Person)

at (305) 4189828

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

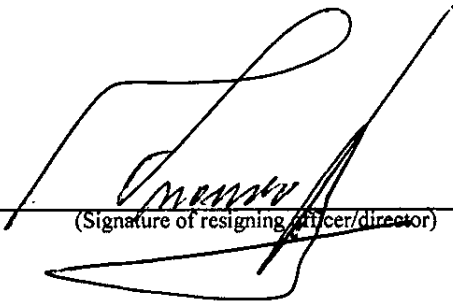
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, INOCENCIO ALVAREZ, hereby resign as PRESIDENT
(Title)

of SURIPARTS CORP
(Name of Corporation)

P04000071294, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

09 NOV 24 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED