

N100000010179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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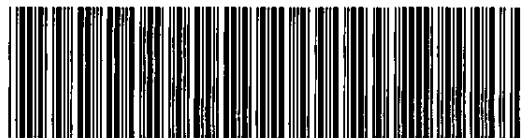
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: V O R Miami Inc.
(Name of Corporation)

DOCUMENT NUMBER: N10000010179

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

David T. Pina

(Name of Person)

V O R Miami Inc.

(Name of Firm/Company)

2801 SW. 31st. Ave STE 2B

(Address)

Miami Florida, 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Poole

(Name of Person)

at (305) 510.9685

(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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David T. Pina, hereby resign as President - Div.
(Title)

of V O R Miami, Inc
(Name of Corporation)

N10000010179, 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