## 600706

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<del> </del>
(Cit	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

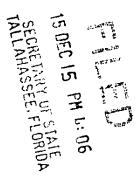
Office Use Only



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Mesignation officer



A RAMSEY

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ONE SIXTY Seven Corporation)
DOCUMENT NUMBER: 600 706
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Bruce Kaufman (Name of Person)
ONE SIX + Seven Corp (600701) (Name of Firm/Company)
14 NE 167 Street N.MIAMIFL (Address)
NM, Ami, Florida 33/62 (City/State and Zip Code)
For further information concerning this matter, please call:
Bruce Kaufman at (305) 949-3828 (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
2661 Executive Center Circle
Tallahassee, FL 32301

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

Amendment Section

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	15 DEC 15 PM 1: 06		
	SECRETARY TALLAHASS	OF STATE EE, FLORIDA	
I, CAROI BARNETT	, hereby resign as Pre	SIDENT	
		(Title)	
of 1671h Street Co	progration)		
(Document Number, if known)	, a corporation organized under the la	ws of the State of	
Florida			
		*	
	~ 1 0 va		

(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