

N09000011476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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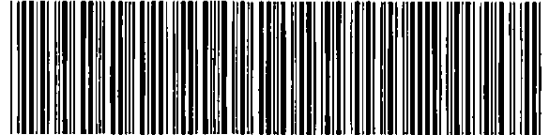
(Business Entity Name)

(Document Number)

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CLERK OF STATE

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Beit Rambam, INC.  
(Name of Corporation)

DOCUMENT NUMBER: NO9000011476

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

Please return all correspondence concerning this matter to the following:

Jose F Barchimol  
(Name of Person)

Beit Rambam, INC.  
(Name of Firm/Company)

terrace  
251 191 Sunny Isles  
(Address)

FL, 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

S. A. MUEL PAPA at ( 786 ) 234-2444  
(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:**

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

**Street Address:**

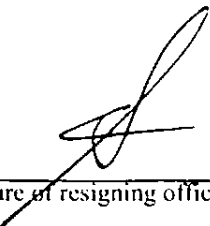
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Samuel Papu, hereby resign as President  
(Title)

of Beit Rambam, INC.  
(Name of Corporation)

NO9000011476, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

**FILED**  
**2023 SEP -8 PM 4:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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