F01000003840

(Requestor's Name)		
(Address)		
(Addess)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

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Office Use Only



September 1, 2024

Karrena USA, Inc. Board of Directors and Shareholders

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To the Board of Directors and Shareholders of Karrena USA, Inc.:

I hereby tender my resignation as a director and officer and all other positions held by me of Karrena USA, Inc., effective September 1st, 2024.



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Karrena USA, Inc.

(Name of Corporation)

F0100003840 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Pamela McLaverty

SUBJECT:

(Name of Person)

Karrena USA, Inc.

(Name of Firm/Company)

795 Wurlitzer Drive

(Address)

North Tonawanda, NY 14120

(City/State and Zip Code)

For further information concerning this matter, please call: 716 982-9857

at (

Pamela McLaverty

(Name of Person)

(Area Code & Daytime Telephone Number)

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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

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I, Karrena USA, Inc. of(Name of Co	(Title)
of(Name of Co	
(Name of Co	
	corporation organized under the laws of the State of
F0100003840, a d	
(Document Number, if known)	
Massachusetts	
(Signat	are of resigning officer/director)
	NG FEE IS \$35.00
FILI	NG FEE IS \$35.00
Make checks payable to Fl	orida Department of State and mail to:-
	mendment Section ision of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314