## F07 000 001 184

(Re	equestor's Name)			
(Ad	(dress)			
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(Cif	ty/State/Zip/Phone #	)		
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## TRANSMITTAL LETTER

SUBJECT:	(Name of Co	poration)	<del></del>
DOCUMENT NUMBER: F07000001	184		
The enclosed Officer/Director Resignation	ation for a Corpora	tion and fee are submi	itted for filing.
Please return all correspondence conc	erning this matter t	o the following:	
David Molina			
(Name of Person	)		
AR GROWTH FINANCE CORP.			
(Name of Firm/Comp	pany)	<del></del>	
6800 SW 40th Street #178			
(Address)		<del></del>	
Miami, FL 33155			
(City/State and Zip C	Code)	<del></del>	
For further information concerning thi	is matter, please ca	11:	•
David Molina	786	873-6962	
(Name of Person)	at ( (Area (	Code & Daytime Telepho	one 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Maria Alonso I,	, hereby resign as(Title)		
	, nototy rootgit ut	(Title)	
AR GROWTH FINANCE CORP			
	(Name of Corporation)	<del></del>	<del></del> '
F07000001184 (Document Number, if known)	, a corporation organized under the law	vs of the State	e of
Florida			
	<del></del> ·		
: 	(Signature of resigning officer/director)		2022 CET 2 1
	FILING FEE IS \$35.00	ا ا ا	<u>.</u> .;

Make checks payable to Florida Department of State and mail to:

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